



Comprehensive Neurology and Sleep Medicine, P.A.

Konrad Bakker, MD
Board Certified in Neurology
and Sleep Medicine

Sarah Jamieson, PA-C
NCCPA Certified
Physician Assistant

PATIENT AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name Date of Birth

By signing this authorization, I authorize:

Practice/Provider Name Practice/Provider Phone

Practice/Provider Street Address Practice/Provider City, State and Zip

to use and/or disclose certain protected health information (PHI) about me to the party listed below.

Comprehensive Neurology and Sleep Medicine, P.A.

172 Thomas Johnson Drive
Suite 100
Frederick, MD 21702

1901 Research Boulevard
Suite 160
Rockville, MD 20850

Specifically describe the information to be released, such as date(s) of service, level of detail to be released, origin of information, etc.

I do not want information relating to psychiatric, drug and/or alcohol abuse and HIV/AIDS diagnoses and treatment included in this release.

- Complete Chart (all documents/notes relating to my care)
Lab/Test Results
Medications/Dosages
Progress Notes
Consultation Reports

Other:

The information will be used or disclosed for the following purpose:

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on (Date of defined event, if no date listed this authorization will expire in six (6) months.)

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice/provider has acted in reliance upon this authorization.

Signature of Patient/Legal Guardian Date

Print Name of Patient/Legal Guardian Date