

TEXAS NEUROLOGY CENTER

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“The HIPAA Privacy Rule allows those doctors, nurses, hospitals, laboratory technicians, and other health care providers that are covered entities to use or disclose protected health information, such as X-rays, laboratory and pathology reports, diagnoses, and other medical information for treatment purposes without the patient’s authorization. This includes sharing the information to consult with other providers, including providers who are not covered entities, to treat a different patient, or to refer the patient. See 45 CFR 164.506.”

RELEASE OF HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

I authorize the release of my health information *from* any physician, hospital, or clinic to facilitate my treatment by Jennifer York, MD.

I would like the following health care providers to receive copies of Dr. York’s findings:

Check if you authorize us to speak to the following:

Spouse _____ Mother _____ Father _____ Daughter _____ Son _____

Please write the name of any other friends or family members you authorize us to speak with:

Patient/Guardian Signature: _____ Date: _____

(Valid for one year from date signed)

This office will disclose information for treatment, payment, and operation purposes, as explained in our Notice of Privacy Practices.