Authorization for Southlake Neurology and Neurophysiology Clinic, PLLC
To Disclose Protected Health Information

I authorize Southlake Neurology and Neurophysiology Clinic., its physicians, and its staff to disclose the following protected health information to persons and entity listed below for their use:

Recipient _____
_____
_____

Name of patient _____ Date of birth_____

The protected health information to be disclosed is any and all medical records and protected health information.

This protected health information is being used or disclosed for the following purposes (or "at the request of the individual")

_____

This authorization shall be in force and effect until I revoke it, at which time this authorization to use or disclose this protected health information expires.

The information may include information on HIV, AIDS, alcohol use, drugs, and mental health.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the practice's Privacy Contact at Dr. Asher Imam, SNN, 321 W. Southlake Blvd, Suite 180, Southlake, Texas 76092. A revocation is not effective to the extent that a person has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

My physician will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

_____ _____
Signature of Patient or Personal Representative Date

_____
Print Name of Patient or Personal Representative

_____
Description of Personal Representative's Authority