



NEUROLOGY CONSULTANTS

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D. Chi Nguyen, M.D.
Board Certified in Neurology

Dung Nguyen, M.D.
Board Certified in Neurology

I authorize Neurology Consultants, its physicians, and its staff to disclose the following protected health information to person or entity listed below for their use:

Recipient _____

Fax: _____

Patient's name _____ Date of birth _____

The protected health information to be disclosed is _____

This protected health information is used or disclosed for the following purposes (or "at the request of the individual"). You must fill in something. _____

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 1102 Orchard Drive, Arlington, TX 76012. A revocation is not effective to the extent that a person has relied on it for use or disclosure of the 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 law or state law.

Neurology Consultants will not condition might 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) healthcare 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