

Hartford Neurology, LLC

CONSENT FOR TREATMENT AND RELEASE OF INFORMATION

I AUTHORIZE to **HARTFORD NEUROLOGY, LLC'S** use and disclosure of all individually identifiable personal, health, financial, and demographic information (known as Protected Health Information or PHI) for the purposes of:

- Providing medical treatment
- Obtaining payment and reimbursement
- Obtaining authorizations from my insurance for tests (where required)
- Requesting healthcare services from other providers
- Cooperating with other providers in my medical care
- Fulfilling requests for information when specifically authorized by me
- In addition, doing all other things directly related to providing healthcare to me

The above purposes and all other uses are known collectively as treatment, payment, and Other healthcare operations or TPO.

I AUTHORIZE any physician or healthcare facility to provide upon request any PHI to **HARTFORD NEUROLOGY, LLC**, when needed for the purposes of TPO.

I CONSENT to **HARTFORD NEUROLOGY, LLC** discussing any or all of my medical care including my evaluation, treatment, diagnosis even if related to psychiatric or psychosocial impairments, substance abuse, acquired immunodeficiency virus (HIV), HIV-related opportunistic infections, or pregnancy with the following person(s).

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

I have been given the opportunity to review HARTFORD NEUROLOGY, LLC's Privacy Notice.

I understand my rights to restrict the use and disclosure of PHI and to revoke this consent at any time in writing.

I understand that should I choose not to consent to the terms and conditions of **HARTFORD NEUROLOGY, LLC's** Privacy Notice, the practice has the right to and will withhold treatment except where required by law.

PATIENT NAME _____

PATIENT'S SIGNATURE _____ **DATE:** _____

INSURED OR GUARDIAN'S SIGNATURE _____ **DATE:** _____

The Health Insurance Portability and Accountability Act of 1996 prohibits the use and disclosure of protective health information for treatment, payment, and other healthcare operations without a signed consent and prohibits the use and disclosure of protective health information for non healthcare related activities without specific and explicit authorization.