

# Derry Neurological Associates

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Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

## **RELEASE OF MEDICAL INFORMATION**

I give permission for release of medical information for the purpose of continuing medical care to:

\_\_\_\_\_  
\_\_\_\_\_

Authorization to release sensitive information – please circle **YES** or **NO**

Yes No Alcohol/substance Abuse

Yes No Psychiatric/Mental Illness

Yes No HIV/AIDS

Check all that apply to this authorization:

\_\_\_\_\_ Physical Examinations

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Test Results (MRI/MRA/CT/EMG/EEG/LABS, etc.)

\_\_\_\_\_ Medication List

Dates of care to be released to recipient: \_\_\_\_\_

## **OBTAIN RECORDS:**

I give permission for Dr. Jeffrey D. Rind/Dr. John Rescigno/Dr. Uladzimir Luchanok to obtain medical information for the purpose of continuing medical care from:

\_\_\_\_\_  
\_\_\_\_\_

Check all that apply to this authorization:

\_\_\_\_\_ Physical Examinations

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Test Results (MRI/MRA/CT/EMG/EEG/LABS, etc.)

\_\_\_\_\_ Medication List

Dates of care to be obtained: \_\_\_\_\_

This authorization to release or send records includes all information contained in the medical records **unless specifically excluded by written statement contained on this release form.** This authorization will be considered valid for a period of **one year** for the date the authorization is signed but I may revoke this permission at any time upon my written request.

By signing this authorization, I acknowledge that my records may be sent, if necessary, via “**FAX**” machine. I am aware of the risks associated with this form of electronic transmission, including but not limited to: lack of confidentiality safeguards at the site of the receiving machine and the incomplete transmission of information.

\_\_\_\_\_  
Date Signed:

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Parent or Legal Agent

\_\_\_\_\_  
Relationship

To the recipient of this authorized information: This information has been disclosed to you from records whose confidentiality is protected by the Federal Law.