

Medical Records Release Request



Name: _____ DOB: _____

At the request of the above patient, please release the following medical information necessary for neurological treatment to **Abington Neurological Associates, Ltd.**

- Office visit notes
- Hospital visit records
- Diagnostic tests (e.g. radiology, sonography, electrodiagnosis)
- Laboratory reports (e.g. blood tests, biopsy, cytology)

Please fax the above information to **215-957-9254** or mail to **1151 Old York Road, Suite 200, Abington, PA 19001**. If you have any questions, please call Abington Neurological Associates, Ltd. at **215-957-9250**.

Requesting provider:

- | | | |
|---|---|--|
| <input type="checkbox"/> James M. Burke, MD | <input type="checkbox"/> Lee J. Harris, MD | <input type="checkbox"/> Lisa Leschek-Gelman, MD |
| <input type="checkbox"/> James H. Cook, MD | <input type="checkbox"/> John S. Khoury, MD | <input type="checkbox"/> Kartik Sivaraaman, MD |
| <input type="checkbox"/> Steven D. Factor, MD | <input type="checkbox"/> Brad C. Klein, MD | <input type="checkbox"/> David C. Weisman, MD |
| <input type="checkbox"/> Dan J. Gzesh, MD | <input type="checkbox"/> Kandan Kulandaivel, MD | <input type="checkbox"/> Christopher Hillery, PA-C |

Patient Consent

I authorize release of records pertinent to my neurological care at Abington Neurological Associates.

This includes specific permission to release the following sensitive information:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Psychological, psychiatric, or other mental impairments
(excludes "psychotherapy notes" as defined in 45 CFR 164.501) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drug abuse, alcoholism, or other substance abuse |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or tests for HIV or sexually transmitted diseases |

Patient signature: _____ Today's date: _____