AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Please complete all sections legibly. Incomplete forms may result in delay or denial of this request.

1. Patient	Name	DOB
	Previous Name(s)	Primary Phone
	Address	Additional Phone
	City	State Zip

2. Release my records from	Name	Dr. Name
	Address	
	City	State Zip

3. Release my records to:	Neu Medical, LLC	Dr. Name
	3400 Hopkins Xrd	(612) 207-1035
	Minnetonka	MN 55305
For Verbal Disclosure, check here ______	Verbal Disclosure" authorizes Neu Medical to discuss my care with the person(s) indicated in this section.	

4. Requests will not be processed if this section is not complete:	☐ Office Notes ☐ Radiology/MRI Images on CD ☐ Lab reports	☐ Radiology/MRI reports ☐ Hospital Records ☐ Therapy (Physical and Occupational)	To release records for only specific dates or body parts, please complete this section: ☐ Body Part only ________________________ ☐ Date(s) of service ______________________

5. Reason For Request	☐ Personal Use ☐ Disability	☐ Insurance ☐ Legal	☐ Worker's Compensation ☐ Continuing Care

6. Return completed form to: Neu Medical
3400 Hopkins Xrd
Minnetonka, MN 55305
Phone: (952) 405-6579

Or **faxed to:** (612) 234-4822

7. I understand that by signing below:

- I may revoke this authorization at any time by notifying the facility identified above in writing.
- By authorizing the release of my protected health information, the health information is no longer protected and has the potential to be re-disclosed.
- There may be a fee for release of this information and I may be responsible for that fee.
- I am authorizing the release of my personal protected health information to and from the entities I've indicated in sections 2 and 3 of this form.
- Treatment will not be denied to me if I do not sign this form.
- This authorization will expire one year from the date I sign on this form.

Signature of Patient/Guardian______________________________**Date** ____________________

Print Name ____

**If form is signed by someone other than the patient, legal documentation showing guardianship or authorization must be on file or presented with this form.*