



Neurological Associates of Long Island, P.C.

Jeffrey T. Kessler, M.D.
Richard H. Blanck, M.D.
Anthony S. Cohen, M.D.
Dwight J. Rosenstein, M.D.
Denis A. Ostrovskiy, M.D.
David Podwall, M.D.
Michael Han, M.D.
Teresa M. DeAngelis, M.D.
Vincent S. DeOrchis, M.D.
Ellen K. Haddad, D.O.
David N. Rahimian, D.O.
Maribel Barroso Tanlioco, P.T., D.P.T

1991 Marcus Avenue Suite 110
Lake Success, NY 11042
Phone: (516) 466-4700
Fax: (516) 466-4810
www.neuroli.com
records@neuroliip.criterionsdirect.com

PATIENT AUTHORIZATION FORM

Authorization to Release Information to Family Members Many of our patients allow family members such as their spouse, significant other, parents or children to call and request the result of tests, procedures and financial information. Under the requirements for HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical information, any diagnostic test results and/or financial information released to any family members you must sign this form. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. I authorize Neurological Associates of Long Island, PC to release my records and any information requested to the following individuals.

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____
3. _____ Relation to Patient: _____
4. _____ Relation to Patient: _____

Patient Name (PLEASE PRINT) _____

Patient Signature _____ Date: _____