



South Atlanta Neurology &
Spine Clinic with **OPEN MRI**
518 Eagles Landing Parkway Stockbridge GA, 30281
Phone: (770) 507-7359 Fax: (770) 507-8390

CONFIDENTIAL PATIENT INFORMATION SHEET

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

RESPONSIBLE PARTY (IF A MINOR): _____

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE#: _____ WORK PHONE #: _____

DATE OF BIRTH: _____ SEX: () M () F SOCIAL SECURITY #: _____

() SINGLE () MARRIED () WIDOW () SEPARATED () DIVORCED () OTHER _____

PRIMARY INSURANCE

INSURANCE COMPANY: _____

ADDRESS: _____

POLICY#: _____ PHONE #: _____

POLICY HOLDER: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

CONTACT #: _____ H/ W/ C ALTERNATE #: _____ H/ W/ C

Release of Information

This authorization will permit South Atlanta Neurology and Spine Clinic to release any and all information pertaining to my health and well-being. I hereby authorize South Atlanta Neurology and Spine Clinic to release my information to any insurance company for the purpose of determining eligibility or for payment of benefits. I authorize South Atlanta Neurology and Spine Clinic to disclose protected health information (PHI) about me to the following person/people:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

This authorization will expire on : _____.

(There must be a date of expiration, ex. 10-100 years, divorce, death, etc.)

I understand that when my PHI is used or disclosed pursuant to this authorization, it may be subject to disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to: South Atlanta Neurology and Spine Clinic, 518 Eagles Landing Parkway, Stockbridge, GA 30281.

Signature of Patient or Legal Guardian

_____/_____/_____
Date