



ROCKLAND NEUROLOGICAL ASSOCIATES

2 Crosfield Ave. West Nyack, N.Y. 10994

845.353.4344

F 845.353.2661

web site: www.rocklandneurological.com

IRWIN E. LIBROT M.D.
STUART D. LESTCH M.D.
EARL L. ZEITLIN M.D.
MARC D. LONDON M.D.
DAVID T. OBER M.D.
MARIANNA GOLDEN M.D.
MELISSA M. YU M.D.
JACOB R. BERGER M.D.
LAURA A. GARCIA A.C.NP

Dear Patient:

As you are aware, there are very strict governmental mandated rules concerning patient confidentiality and release of patient medical information. Therefore, in our continuing efforts to improve patient/physician communications, RNA can offer you additional ways to receive information, with your signed authorization, concerning your care and treatment.

PART I:

If there is any FAMILY MEMBER OR FRIEND whom we may discuss or release information on your behalf, please list them here: No one

Name	Relationship

I understand that I may revoke or change this authorization at any time in writing.

Signature

Date

Print Name

=====
PART II:

I authorize you to leave test results, appointment confirmations, and messages on my answering machine if I do not answer the telephone.

I understand that I may revoke or change this authorization at any time in writing.

Signature

Date

Print Name

=====
PART III:

If you would like to authorize us to receive information/results from any other physician, health care provider, Radiology group or laboratory, please check or list them here:

None

Please use blank lines for "other"

MRI or CAT Scan _____
Name, Address, Telephone

Physician _____
Name, Address, Telephone

Other _____
Name, Address, Telephone

Signature

Date

Print Name