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HIPAA Authorization to Discuss Medical Information

Many of our patients allow family members such as their spouse, significant other, parent or adult children to call and request the results of tests, procedures and financial information. Under the requirements for HIPAA we are not allowed to give this information to anyone with the patient's consent. If you wish to have your medical information, any diagnostic test results and/or financial information released to another spouse, significant other, parent or adult child, you must fill out this form and sign it.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. This form will be good for one year of the signed date.

I authorize Inspired Spine Health to release my information to the following individuals:

Name:	Phone #:	Relation to Patient:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Patient Name (PLEASE PRINT)

Signature

Date