Robert E. Longo, MRC, LPC, BCN
Serendipity, Lexington, NC
Authorization for Release of Information (HIPAA)

Name: **Date of Birth:** **Patient#:**

Robert E. Longo MRC, LPC, NCC, BCN is authorized to release protected health information about the above named individual to the entities named below. The purpose is to inform the professionals or persons listed below in keeping with the patient's instructions.

Entity to Receive Information Check each person/entity that you approve to receive information	**Description of information to be released.** Check each that can be given to the person/ entity on the left in the same section.
☐ Voice Mail	☐ Results of QEEG /Assessments ☐ NFB Treatment Sessions ☐ Other
☐ Spouse (provide name & phone number)	☐ Results of QEEG /Assessments ☐ NFB Treatment Sessions ☐ Other
☐ Parent (provide name & phone number)	☐ Results of QEEG /Assessments ☐ NFB Treatment Sessions ☐ Other
☐ Other (provide name & phone number	☐ Results of QEEG /Assessments ☐ NFB Treatment Sessions ☐ Other
☐ Your E-mail:	☐ Results of QEEG /Assessments ☐ NFB Treatment Sessions ☐ Other
☐ Other E-mail: Name of Person E-mail will go to:	☐ Results of QEEG /Assessments ☐ NFB Treatment Sessions ☐ Other

Personal Information: I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the individual named above.

_____ **Date** _____

Signature of Person or Personal Representative

Description of Personal Representative's Authority (attach necessary documentation)

Revised 2016