



7000 Shannon Willow Rd. Charlotte, NC 28226 (P) 704-372-3714 (F) 704-333-4601

## RELEASE OF VERBAL INFORMATION

**Patient's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Chart #** \_\_\_\_\_

The Neurological Institute is not permitted by law, to give medical information or updates about your condition to anyone unless authorized by you, the patient.

If you wish relatives and/or friends, who ask about your condition, to have the right to be verbally informed about your condition when they ask The Neurological Institute Staff please list the names of these people below. Relatives and friends might include your spouse, son or daughter, grandchild, niece, nephew, neighbor or friend.

I, \_\_\_\_\_, as a patient of The Neurological Institute, authorize the release of verbal medical information regarding my treatment and care and updates of my condition to the following individuals.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Signature of patient/Responsible Party:** \_\_\_\_\_

**Date:** \_\_\_\_\_