

LSU EPILEPSY CENTER OF EXCELLENCE  
2820 Napoleon Ave., Suite 400  
New Orleans, Louisiana 70115  
Phone: 504-412-1517  
Fax: 504-412-1518

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*\*\*\*

I \_\_\_\_\_ hereby authorize the \_\_\_\_\_

\_\_\_\_\_ to release any and all of my medical record information to the following firm or individuals): LSU Epilepsy Center of Excellence

Purpose of Disclosure: Referral / Surgical Evaluation / Second Opinion

Information to Be Used/disclosed (Be Specific): demographic information, copy of insurance card, all neurodiagnostic reports, recent chart notes, recent drug level if applicable

\*\*\*\*\*

If I am signing this authorization as the authorized representative of the patient, I am authorized to act on behalf of the patient for the following reason: \_\_\_\_\_

This authorization may include but is not limited to the release of psychological, psychiatric, alcohol, drug abuse and BIV/AIDS data. This authorization includes reviewing and/of copying all or portions of my medical record. I release LSU HEALTHCARE NETWORK and my physician from any responsibility or liability of releasing this information.

The patient has the right to revoke the authorization, in writing, at any time by sending such written notification to the address or fax number above. The revocation is not effective to the extent that this facility has taken action in reliance thereon or if the authorization was obtained as a condition of obtaining insurance and a law provides the insurer with the right to contest a claim under the policy.

The information used or disclosed pursuant to the authorization may be subject to reasonable disclosure by the recipient and no longer be protected by the privacy regulations.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Expiration Date: \_\_\_\_\_