

**HIPAA STATEMENT** 

NEUROSCIENCE CONSULTANTS, PLC complies with HIPAA regulations.

These federally mandated regulations are necessary to protect patients' privacy and confidentiality. A copy of the Neuroscience Consultants' HIPAA Compliance Policy and Procedures is available for your review. Your signature is necessary to document that you have been informed of our compliance and HIPAA regulations.

It is our practice that we will not release medical records or any Patient's Health Information (PHI) to

RELATIONSHIP

anyone without the patient's prior written authorization.

NAME

I give

UNDERSTAND ITS CONTENTS. MY SIGNATURE ON THIS	
BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HA	AVE RECEIVED THIS INFORMATION, READ AND
for treatment purposes.	
prescription medication history from other healthcare pro	oviders or third-party pharmacy benefit payors
Neuroscience Consultants, PLC. I agree that Neuroscience	ce Consultants, PLC may request and use my