

NEUROSCIENCE CONSULTANTS, PLC

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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 anyone without the patient's prior written authorization.

I give _____
NAME **RELATIONSHIP**

Permission to discuss my medical records and/or to make or cancel appointments for me with Neuroscience Consultants, PLC. I agree that Neuroscience Consultants, PLC may request and use my prescription medication history from other healthcare providers or third-party pharmacy benefit payors for treatment purposes.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS INFORMATION, READ AND UNDERSTAND ITS CONTENTS. MY SIGNATURE ON THIS DOCUMENT IS VALID FOR 1 CALENDAR YEAR AND COVERS ALL SERVICES RENDERED WITHIN THAT YEAR. ANY MODIFICATIONS/ALTERATIONS TO THIS DOCUMENT ARE NULL AND VOID.

PATIENT NAME: _____

SIGNATURE OF PATIENT/REPRESENTATIVE: _____ DATE: _____