Kirshner Spine Institute, LLC

Patient Authorization for Use and Disclosure of Protected Health Information

This authorization permits Kirshner Spine Institute, LLC to obtain, use and/or disclose the following individually identifiable health information about me: medical health information.

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Patient's first name, middle and last name Patient's date of birth

By signing this authorization, I authorize Kirshner Spine Institute, LLC to obtain, use and/or disclose certain protected health information (PHI) about me to: (PLEASE LIST NAMES OF ALL ENITITIES YOU APPROVE to receive medical information, THIS INCLUDES DOCTOR'S, ATORNEY, FAMILY MEMBERS, etc.)

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This information will be used or disclosed for the following purpose: Medical care, and reimbursement.

The purpose(s) is/ are provided so that I can make an informed decision whether to allow release of the information. This authorization will remain in place until otherwise rescinded by me the patient.

Kirshner Spine Institute, LLC will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from Kirshner Spine Institute, LLC. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy rule. I have the right to revoke this authorization in writing at any time, except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at:

Kirshner Spine Institute, LLC
525 Route 73 South, Suite 302
Marlton, NJ 08053
Phone Number: (856) 267-5629

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Patient Signature Date