

Release of Verbal Medical Information

I, _____, hereby allow any member of Atlantic Spine Specialists to release verbal medical information to the following people:

- 1. _____
- 2. _____
- 3. _____

I understand that only the individual's whose names appear above will be given information regarding my care. This is in compliance with the HIPPA regulations set forth by the federal government.

I also understand that this form is not to be used for release of written information regarding my condition.

_____(Patient signature)

_____(Parent signature if patient is a minor)

_____(Date)