



Charlotte Neurological Services, PLLC

501 South Sharon Amity Road, Suite 500, Charlotte NC 28211

Phone: 704.981.6800 Fax: 443.457.2456

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:

DOB:

I authorize release of any records or information regarding health treatment of the patient named above to:

Dr Liya Beyderman at Charlotte Neurological Services, PLLC

I also authorize Charlotte Neurological Services to release any records or information regarding health treatment of the patient named above to members of the current treatment team (physicians, therapists, psychologists).

Patient

Signature (if
over 18yo):

Date

Signed: _____

Parent/Guardian
Signature: _____

Date

Signed: _____