CSNA
neurosurgery & neurology

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Colorado Springs, CO 80907

719-473-3272 **PH**
719-389-1188 **FX**
www.csneuro.com

COMMUNICATION WITH FAMILY AND OTHERS INVOLVED IN YOUR HEALTHCARE

PATIENT IDENTIFICATION

Name: ______________________________

Date of Birth: ______________________________

SS#: ______________________________

Please list any family member or other who may be involved in coordinating your care or payment for care. Also, indicate what information may be shared with each individual.

Name	Phone Number	Relationship to Patient	TYPE OF INFORMATION: All	Scheduling/ Appointments	Medical
____________	____________	____________	❑	❑	❑
____________	____________	____________	❑	❑	❑
____________	____________	____________	❑	❑	❑
____________	____________	____________	❑	❑	❑
____________	____________	____________	❑	❑	❑
____________	____________	____________	❑	❑	❑

Specific Instructions or Limitations: ______________________________

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Password: ______________ Please provide this password to any individual who may be involved in coordinating your care or payment for care. They will be asked this password before information will be released over the phone. Password Hint: ______________________________

We will continue to rely on the information on this form when communicating with family members or others involved in your care unless you request changes. Please promptly notify our office if you wish to alter the designations above.

Signature of Patient/
Legal Representative: ______________________________ Date: ______________
Relationship to Patient: ______________________________

To revoke this authorization, please send a written request with a copy of this form to the address below:

Colorado Springs Neurological Associates, PC
Medical Records – Release of Information
2312 N. Nevada Avenue, Suite 100
Colorado Springs, CO 80907
If you have any questions, please call CSNA – Medical Records Dept at 719-473-3272.