

**HIPAA RELEASE FORM**



[www.raleighneurology.com](http://www.raleighneurology.com)

Raleigh Neurology Associates, PA has informed me of my rights under the Health Insurance Portability and Accountability Act (HIPAA). I have read the information and understand the law and my rights.

Patient Name \_\_\_\_\_

Patient/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Raleigh Neurology Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_