

**NORTH VALLEY NEUROSURGERY
KIMBERLY A. PAGE, M.D., F.A.C.S.
1388 Court Street, Ste. H
Redding, CA 96001
(530) 246.2207 Phone
(530) 243.6835 Fax
www.nvneuro.com**

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED
HEALTH INFORMATION**

Information to be Used or Disclosed:

Person Authorized to Use or Disclose Information:

Persons to Whom Information May Be Disclosed:

Expiration Date of Authorization

This authorization is effective one year from the signature date unless revoked or terminated by the patient or the patient's representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to **Kimberly A. Page, M.D., FA.C.S.**

Potential for Re-disclosure

The person or organization to which this authorization is sent may disclose information that is under this authorization recurrently. The privacy of the information may not be protected under the federal privacy regulations.

Name of patient (Please Print)

DOB

Signature of Patient

Date

Signature of Patient Legal Representative or Guardian