Bucks Mercer Neurology
James A. Ware Jr., MD
396 Whitehorse Avenue
Hamilton, NJ 08610
Ph: 609-585-0118

HIPAA AUTHORIZATION FAMILY FORM

Please complete all information legibly.

I understand and agree to the Bucks Mercer Neurology Notice of Privacy Practices which describes how my protected medical information may be used and disclosed and may be given a copy to take if requested.

Date: _____

Patient Name: _____

Patient Signature: _____

I authorize Bucks Mercer Neurology to discuss and/or release my medical information including labs and test results, diagnosis, and treatments discussed to the following persons:

Name	Phone Number	Relationship to Patient

NOTE: Signed permission to patient's records can be revoked by the patient at any time.