NEUROSURGICAL ASSOCIATES, INC.
1000 Asylum Ave, Suite 3208 – Hartford, CT 06105
704 Hebron Avenue, Suite 103 Glastonbury, CT 06033
7 Elm Street, Suite 307 Enfield, CT 06082
One Lake Street, Blde D, New Britain, CT 06052
220 Farmington Avenue, Farmington, CT 06032

STEPHEN F. CALDERON, MD
HOWARD LANTNER, MD

Verification Form

Neurosurgical Associates, INC. must verify the identity of a person requesting protected health information ("PHI") and the authority of the person to obtain the PHI whenever Neurosurgical Associates, INC. does not already know the identity or authority of the person.

Pursuant to this requirement, please provide Neurosurgical Associates, INC. with the following information:

IDENTIFICATION

Name: _____

Title: _____

Address: _____

_____

Phone: _____

Signature: _____

or attach copy of photo I.D. or business card

OR
PLACE COPY OF PHOTO IDENTIFICATION HERE

AUTHORITY

Please state the reason for the request and the basis for your authority to make the request. Attach any relevant documents which relate to your request.

_____

_____

I hereby certify, under penalty of law, that the foregoing is true and correct and that I am authorized to have access to the requested protected health information.

Authorized & Accepted By:

_____
Signature of Person Making Request

_____
On Behalf Of Neurosurgical Associates, INC.

_____
Date