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of Neurological Surgery*

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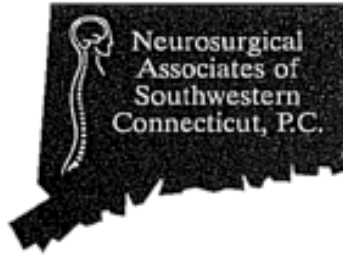
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Requests for copies of patient records necessitates that a **Release of Protected Health Information Authorization** be signed by the patient specifying the type of records to be disclosed, to whom the patient wants them disclosed, & the reason why. These authorizations remain in force for 1 year.