THE PAIN CENTER

COMPREHENSIVE PAIN CARE

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: ____ DOB: ____________________Phone:__________________

Patient's Address: ____

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By signing this authorization, I authorize The Pain Center to use and/or disclose medical information concerning my medical treatment including any reference or record relating to my mental health and/or substance abuse to or for the individual and/or party listed below:

Name/Business Name:____

Phone :___________________________ Fax :_____________________________

Address:____

Please Specify: ☐ Pick up (Martinsburg) ☐Fax ☐ Mail (additional fee for postage)

Information to be released: (Check all that apply)

☐ Office Visits and Procedure notes only (no demographic information)

☐ Complete Medical Record

☐ Records of care from the following dates: __________________ to ___________________

☐ Records concerning the following conditions: _____________________________________

☐ Other-please specify: ____

☐ Confer with person(s) listed verbally about my medical information: _________________________________

____

I understand I will be responsible for payment of the requested medical records. Medical Record clerical fee is $20.00. Plus an additional charge of $0.50 per page (1-50pgs) or $0.25 per page (50+pages).

I understand that the medical records I authorized to be disclosed are privileged and confidential and may be disclosed only on my authorization, except as required by HIPAA and related laws or other disclosures identified in the privacy policies of The Pain Center. The authorization will expire 6 months from the date signed unless the undersigned specifies an expiration date or event or condition.

Signature of Patient or Legal Guardian: ____

Print Patient Name: ____

Print Name of Legal Guardian: (if applicable) ____

Relationship to Patient: _______________________________________Date: ___________________________

PLEASE FAX MEDICAL RECORD REQUESTS TO (304) 350-8648

1839 W. Plaza Drive • Winchester, VA 22601
Phone (540) 773-2689 • Fax (540) 486-4166

1000 Tavern Road, Suite 300 • Martinsburg, WV 25401
Phone (304) 263-6165 • Fax (304) 263-6536