

Arizona Pain Treatment Center

1301 East McDowell Road, Suite 100, Phoenix, AZ 85006

5656 South Power Road, Suite 139, Gilbert, AZ 85295

(602) 265-8800 Phone

(602) 265-8151 Fax

Consent to Release Information

I, (Patient Name) _____ authorize:

Name of Person or Institution Arizona Pain Treatment Center

Street Address 1301 East McDowell Road, Suite 100

City, State, Zip Code Phoenix, AZ 85006

Phone: (602) 265-8800 Fax: (602) 265-8151

To release medical information to:

Name of Person or Institution _____

Street Address _____

City, State, Zip Code _____

Phone: _____ Fax: _____

Nature of information to be disclosed may include but not limited to the following

Clinical notes drug/alcohol/substance abuse P.T. notes Lab reports

Nurses Notes Diagnostic Testing ASC records Procedure notes

Discharge Summary Psychiatric records

___ Other, please specify _____

Purpose of disclosure:

___ Continuing medical care

___ Second opinion

___ Other, please specify _____

This consent may be revoked at any time by sending written notice to the above-named provider of information. Any release of information made prior to the revocation of this compliant authorization is not a breach of confidentiality. Disclosed information may be reviewed by contacting the provider of information.

Please note this authorization will automatically expire one year from the date of signature, unless otherwise specified below:

Date of Expiration: _____

Signature of patient or legal guardian: _____ Date: _____

Social Security number: _____

Relationship, if not the patient: _____ Patients DOB: _____

To the recipient of this information: this information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making further disclosure without additional consent.

Date information is sent: _____ Sent by (name) _____

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.