

# Authorization to Release Health Information

Expires upon one time release

**Patient Information:**

Name of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

**I authorize the practice below to release my health information:****Practice releasing information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize the practice above to release my health information to:****Interventional Spine Associates of the Carolinas**

1918 Randolph Rd

Suite 820

Charlotte, NC 28207

Fax # 704-980-6955 Phone # 704-980-6000

**Please fax the following information:**

- Entire Record                       Financial Records                       Office Visit Notes
- Psychotherapy notes – if this box is checked only psychotherapy notes may be released.
- Diagnostic Studies                       On site record review by patient
- Other: \_\_\_\_\_

**This authorization shall be in effect until the information has been forwarded as requested.**

**Patient Information**

**This authorization shall be in effect until the information has been forwarded as requested or until the course of treatment is complete:**

**Patient Rights:**

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I may refuse to sign this authorization and that my treatment will not be conditioned on signing.
- I understand released information may include a communicable disease diagnosis such as HIV.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority (attach necessary documentation)