AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient Name: _____ Birth Date: _____

Address: _____ Phone No.: _____

_____ Soc. Sec. #: _____

Send Information to: Center for Pain Medicine
Western Reserve Hospital
1900 23rd Street
Cuyahoga Falls, OH 44223

Phone: 330-971-7246
Fax: **330-926-9432**

Attn: New Patient Coordinator

I hereby authorize _____ to release the health information to the recipient named above.
I understand that the information in my health record may include information relating to drug/alcohol abuse, psychiatric care, sexually transmitted disease, hepatitis B or C, acquired immunodeficiency (AIDS) or human immunodeficiency virus (HIV), or other sensitive information.

INFORMATION TO BE RELEASED – CHECK ALL THAT APPLY:

__X__ Pertinent Summary ☐ Operative Report* __X__ **X-rays*/MRIs** ✓ Discharge Summary*

☐ History & Physical* ☐ Pathology Report* ☐ Cardiology* __X__ **Office Visit Notes**

__X__ **Consultation*** ☐ Lab Results* ☐ Emergency Record*

__X__ Other: **Demographic sheet with patient's insurance and contact information;** any **Discharge letters**

DATES OF SERVICE: ALL dates of service pertaining to pain management evaluation and treatment

PURPOSE or NEED FOR INFORMATION: Continuity of Care

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Records Dept. Director. I understand that the revocation will not apply to information that has already been released in response to this authorization.

- This authorization for access or release is valide for 1 (ONE) YEAR from the date of the signature.
- By law, you have 30 days to provide copies of records to the above recipient..

AUTHORIZING SIGNATURE: _____ DATE: _____

Signed by: __X__ Patient; ☐ Legal Guardian; ☐ Executor of Estate; ☐ Other (Specify)

I understand that once the above information is disclosed, the recipient may re-disclose it and the information may not be protected by federal privacy laws and regulations. Rev04.03