AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

ORO VALLEY - 12480 N. Rancho Vistoso Blvd Ste. 180 Oro Valley, AZ 85755 Phone: (520) 742-4008 **Fax: (520) 742-4280**
TUCSON - 5639 E. Grant Rd Tucson, AZ 85712 Phone: (520) 742-4008 **Fax: (520) 742-4280**
GLENDALE - 17100 N. 67TH Ave Ste. 600 Glendale, AZ 85308 Phone: (623) 263-6340 **Fax: (623) 263-6341**

PATIENT INFORMATION (Please Print)			
Patient Name			Date of Birth
Address	City	State	Zip Code
Phone Number	Fax Number (if applicable)		

CIRCLE: TO or FROM			
Arizona Pain Care Center:	Dr. Samir P. Patel	Dr. Chad Pletnick	
Shannon Morgenstern NP	Katherine Grimes NP	Rebecca Shiao NP	Patricia Bonasera NP

CIRCLE: TO or FROM	
Name of Physician/Practice:	Fax #: ______________________________

RELEASE INFORMATION: REASON
CHECK ALL THAT APPLY: □ Transfer of care □ Specialist Consultation □ Personal file □ Legal

	DATES
□ LAST THREE OFFICE VISIT NOTES	
□ PROCEDURE/SURGICAL REPORTS	
□ OTHER	

CONSENT

I understand that the information disclosed by this authorization may be subject to redisclosure by the recipients and no longer be protected by the Health Insurance Portability & Accountability Act of 1996 and subsequent amendments.
I authorize the release of the information indicated, and I am aware that the records released may contain references relating to psychiatric or psychological testing, physical abuse, drug and alcohol abuse of genetic testing.

In signing this document, I am giving consent to release my records and understand that they may contain the following information: HIV/AIDS testing and/or treatment, psychiatric or psychological testing and/or treatment, substance abuse diagnosis and/or treatment, genetic testing to include diagnosis and/or treatment. In addition, I understand that I may be charged for copies provided and if a charge applies, I will be notified of the amount before the records are processed.

Signature of □ patient, □ parent, □ guardian, □ conservator, or □ patient representative (Please check)	Date
Witnessed by	Date