



Authorization to Release Information

ON REQUEST — RELEASE TO A THIRD PARTY

PATIENT DOB MRN DATE

Use this form to allow Abilene Pain to release your health information to a person or organization other than your other treating providers and your insurance. Complete one form per recipient.

Who May Receive My Information

Name / organization
Relationship to me Phone Fax
Address

What May Be Released

☐ My complete record ☐ Visit notes ☐ Imaging reports ☐ Lab results ☐ Billing records ☐ Other:

Dates of service ☐ All dates ☐ From to Purpose ☐ At my request ☐ Continuing care

☐ Legal ☐ Insurance ☐ Other:

Special categories — released only if checked: ☐ Mental health records ☐ Drug or alcohol treatment records

☐ HIV / AIDS-related information

My Rights

- I may refuse to sign this authorization. Abilene Pain will not condition my treatment or payment on whether I sign it.
- I may revoke this authorization at any time by writing to the Privacy Officer at the address below. Revocation does not affect information already released in reliance on it.
- Information released under this authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy law.
- Unless I write an earlier date here, this authorization expires one year from the date I sign it: . A copy of this authorization is as valid as the original.

Signature

I have read this authorization and understand it. I authorize Abilene Pain to release the information described above to the recipient named above.

PATIENT SIGNATURE

DATE

PRINTED NAME AND RELATIONSHIP, IF SIGNED BY A REPRESENTATIVE

Privacy Officer, Abilene Pain, 1925 Hospital Place, Abilene, TX 79606 · 325-326-3433 · Fax 325-378-9175

Nicolas Pugh, MD | Adrienne Anders, NP | Ted Chaka, PA

Abilene Pain Locations

Main: 1925 Hospital Place, Abilene, TX 79606

Additional: 6819 Memorial Dr, Ste B, Abilene, TX 79606

Contact Numbers

Main: 325-326-3433

Memorial: 325-468-8096

Online

Email: info@abilenepain.com

Web: www.abilenepain.com