**Arizona Pain and Spine Institute, PLLC**

10238 E. Hampton Avenue, Suite 210
Mesa, AZ 85208
Phone: (480)986-PAIN (7246) Fax: (480)986-7252

1492 S. Mill Avenue, Suite 212
Tempe, AZ 85281
Phone: (480)557-PAIN (7246) Fax: (480)986-7252

# AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

Signed: _____ Date: _____

Relationship (if not signed by patient):
_____

I wish to place the following restrictions on disclosure of my health information: _____
_____

*Internal Use Only*
*If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.*

*Presented on (date and time):*
_____

*By (name and title):*
_____

Please name all person(s) we can contact and/or discuss your medical information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Following HIPPA patient confidentiality regulations, please check how you would like us to address you:

_____Mr. And/or _____First Name

_____Mrs. _____Last Name

_____Miss _____Other_____

Signature: _____ Date: _____