

**AUTHORIZATION FOR RELEASE
OF
PROTECTED HEALTH INFORMATION**

Patient Name: _____ DOB: _____

I. This authorization is directed to the following healthcare provider(s):

1. _____

2. _____

3. _____

II. The healthcare providers are requested to release the protected health information (PHI) to the patient's doctor listed below:

Pain Care of Clearwater
Attn: Chantell Mosher, Office Manager
51 S Main Ave, Suite 318
Clearwater, FL 33765-3934

Alexis P. Henderson, M.D.
Mohammad H. Gharavi, M.D.
Office: (727) 572-6261
Fax: (727) 443-2501

The records include, but are not limited to the following items:

- Physician Progress Notes
- History and Physical
- Diagnostic Reports
- HIV & Hepatitis C
- Other: _____

- Discharge Summary
- Pre/Post Operative Reports
- Medication Records
- Dates of Service: _____

III. Required Disclosures – 45CFR 164.508(c)

1. This protected health information is to be used for Pain Management Services
2. This authorization may be revoked by a signed and properly dated written revocation, delivered to the healthcare provider named above, provided that this release cannot be revoked as to protected health information that had been previously released in reliance on this document.
3. The undersigned acknowledges that a refusal to sign this form will not result in a denial of pain management services by Pain Care of Clearwater and that this release has not been coerced by this health care entity or any of its business associates.
4. The undersigned acknowledges that once the PHI is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the federal privacy regulations such as expert witnesses, litigants, insurance companies, and even may become public record if filed with a court of law.
5. This authorization will expire twelve (12) months after the date executed, unless earlier revoked in writing.

IV. Patient Signature

Signature _____ DOB _____

Print Name _____ SSN _____

Witness _____ Date _____

**Thank you for your prompt attention to this request.
If you have any questions, please contact the office at the number listed above.**