



Interventional Spine and Pain Physicians
9645 Grove Circle North, Suite 200
Maple Grove, MN 55369
P: 763.201.8191
F: 763.201.8192

Patient's Request to Release Protected Health Information from an Authorized Facility

Patient's Legal Name _____ Date of Birth _____

Previous Name _____ Phone Number _____

1. Please release my records from:

Clinic or Organization: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

2. Please release my records to:

Interventional Spine and Pain Physicians (DBA iSpine Clinics)
9645 Grove Circle North, Suite 200, Maple Grove, MN 55369
Phone: 763-201-8191 Fax: 763-201-8192

These are the records I would like to release pertaining to my _____ pain:

- | | |
|---|--|
| <input type="checkbox"/> 3-5 most recent clinic notes | <input type="checkbox"/> Procedure/Injections Notes |
| <input type="checkbox"/> Physical Therapy Notes | <input type="checkbox"/> X-ray, MRI, CT, EMG Reports |
| <input type="checkbox"/> Chiropractic Notes | <input type="checkbox"/> Lab Reports <input type="checkbox"/> Surgical Notes |

Additional Records Needed: _____
Date records are needed by: _____ or STAT/ASAP – required for today's treatment

3. **Purpose:** ☐ Continued care by another provider ☐ Insurance claim ☐ Personal use
☐ Social Security Disability ☐ Attorney review ☐ Other _____

4. The following information requires special consent by law.

Even if you indicate **all health information**, you must specifically request the following information in order for it to be released: ☐ Chemical dependency program ☐ Psychotherapy notes ☐ AIDS/HIV

5. I understand the following:

- Information in the chart that was not generated by Interventional Spine and Pain Physicians' will not be released to another facility. (We recommend that the original facility be contacted to obtain these records.)
- I understand that I can request, in writing, that the authorization be cancelled at any time.
- I understand that once Interventional Spine and Pain Physicians' has disclosed the health care information I have authorized, Interventional Spine and Pain Physicians' has no control over the information and that this information may no longer be protected by privacy laws.
- Interventional Spine and Pain Physicians' may not provide treatment to any patient that refuses to sign an authorization for release of Protected Health Information.
- This authorization will be valid for 1 year from the date of my signature, unless a date, event or condition is otherwise specified.
- A photocopy/fax of this authorization will be treated in the same way as an original.

Patient Signature or Representative

Date

Printed Name

If a Representative Signs, state the Representative's Authority: _____

THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED UNLESS OTHERWISE SPECIFIED

www.iSpineClinics.com