



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

**Patient's Consent to Disclose Protected Health Information to Authorized Facility**

**Patient's Legal Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Previous Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Release From:** Interventional Spine and Pain Physicians (DBA iSpine Clinics)

Address: 9645 Grove Cir N Ste 200

City: Maple Grove State: MN Zip Code: 55369

Phone: (763) 201-8191 Fax: (763) 201-8192

**Release To:** (Clinic or Organization) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- **For the Purpose of:**  
 Continuing Care     Insurance     Worker's Compensation     Legal     Other (Specify)

- **This request and authorization applies to:**  
 Healthcare information for continued care of treatment and/or condition: (check for all below)
 

<input type="checkbox"/> Demographics	<input type="checkbox"/> Lab Reports
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Pathology Reports
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> X-ray, MRI, CT Films
<input type="checkbox"/> Clinic Notes	<input type="checkbox"/> EKG/ECHO Reports
<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> Electronic Medical Record Review
<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hospital & Operative Reports	

- **Dates of Service:** \_\_\_\_\_ (All dates, unless specified)

All sensitive information regarding Alcohol and/or Drug Abuse, Behavioral Health & HIV will be released unless you restrict by initialing below:

- Do Not release Alcohol and/or Drug Abuse information: \_\_\_\_\_
- Do Not release Behavioral Health information: \_\_\_\_\_
- Do Not release HIV (AIDS) related information: \_\_\_\_\_

**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 (If a Representative Signs, state the Relationship)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_