

TIPS FOR COMPLETING THIS FORM AND GETTING THE BEST RESULTS

Authorization to Release Medical Records is Granted To:

Facility Name *IF GOING TO YOUR DOCTOR INCLUDE THE DOCTOR'S NAME AND THE NAME OF THE PRACTICE*

Patient Name *USE YOUR FULL LEGAL NAME*

Date of Birth last 4 of SS#

Signature date

I, the above named, authorize the release of, or request access to the information specified below from my medical record.

INFORMATION IS NEEDED FOR: Consultation or Continuing Medical Care

INFORMATION TO BE RELEASED OR ACCESSED:

_____ Reports related to my chronic pain (please provide at least the last 3 office visits, any discharge documents, lab reports for the past 2 years) **CHECK THIS FOR ANYONE WHO HAS TREATED YOU FOR PAIN IN THE LAST 2-5 YEARS**

_____ Consult notes or most recent progress report **CHECK THIS TO SEND TO SPECIALISTS YOU SEE FOR CONDITIONS RELATED TO YOUR CHRONIC PAIN.**

_____ Reports of any MRI/CT/IMAGING **DON'T ASSUME YOUR DOCTOR IS SENDING THESE REPORTS, CHECK THIS AND SEND TO THE PLACE WHERE YOU HAD YOUR MRI.**

_____ Reports from any EMG or Nerve Conduction Studies **CHECK THIS TO SEND TO THE FACILITY OR DOCTOR WHO DID THE TESTS**

_____ Surgical summary or summaries **YOUR SURGEON SHOULD HAVE THIS BUT YOU MAY FIND IT EASIER TO GET IT DIRECTLY FROM THE HOSPITAL.**

_____ Summary or discharge note from physical therapy or Occupational Therapy **CHECK THIS TO SEND TO ANY PT or OT YOU HAVE SEEN IN THE LAST COUPLE OF YEARS**

The rest of the form is just the standard legalese that has to be included in such things.

A few of tips:

- Fax this request – faxes are antiques but still widely used in healthcare. If you don't have access to a fax machine your local office supply store will be able to help you fax it. The cost is usually less than \$1 per page
- If you choose to take this to your doctor's office do not ask them to print your records out for you. We want them to be faxed to us directly. Our fax number is on the form you give them
- Hospitals and some doctors will charge you for records if you ask for them directly.
- When you call to get the fax number check to see if they have a form they want you to use for releasing your records. That's fine as long as we get the records.
- While it is fastest if you send the requests to the places directly, you may fill them all out and mail them to us or drop them off at our office. We can fax them to the various places as long the forms are properly completed so we know where we are faxing
- Don't let this task overwhelm you. It's not as big a deal as it seems.

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- Reports from any EMG or Nerve Conduction Studies
- Surgical summary or summaries
- Summary or discharge note from Physical Therapy or Occupational Therapy

The above information may be released to:

Dr. Brian Bothe, MD Allayant Pain Management, PC
840 Fleming Street, Suite 1
Hendersonville, NC 28791

828.490.4444 phone
828.698.7077 fax

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but is not limited to history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS.

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization.

The authorization will expire six (6) months from the date of my signature, unless I revoke the authorization prior to that time.