AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name:_____ DOB: _____

I. INFORMATION TO BE RELEASED FROM:

_____

II. INFORMATION TO BE SENT TO:

Atlantis Pain Care
Attn: Office Manager
3210 N Wickham Rd, Suite 1
Melbourne, FL 32935

Mohammad H. Gharavi, M.D.

Office: (321) 773-4134
Fax: (321) 574-5611

III. INFORMATION TO BE RELEASED (MOST RECENT 2 YEARS):

- ☐ Physician Progress Notes
- ☐ History and Physical
- ☐ Diagnostic Reports
- ☐ Other: _____
- ☐ Discharge Summary
- ☐ Pre/Post Operative Reports
- ☐ Medication Records
- ☐ Dates of Service: _____

IV. PURPOSE FOR WHICH THE DISCLOSURE IS BEING MADE

This protected health information is to be used for Pain Management Services

V. PATIENT AUTHORIZATION

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for the records to be released.

**Exclude the following information from the records released (Please Initial)*

_____ Drug/Alcohol Abuse/Treatment/Diagnosis
_____ HIV/AIDS Diagnosis/Treatment/Testing
_____ Sexually Transmitted Disease
_____ Mental Illness Diagnosis/Treatment

VI. MY RIGHTS

I understand that I may revoke this authorization in writing, signed and properly dated, and delivered to the healthcare provider named above.

I understand that refusal to sign this authorization will not result in a denial of pain management services by Atlantis Pain Care and that this release has not been coerced by this health care entity or any of its business associates.

I understand that once the health information I have authorized to be disclosed reaches this recipient that it may be re-disclosed, at which time it may no longer be protected under Privacy laws.

VII. PATIENT SIGNATURE

Signature _____ Date _____

Print Name _____ SSN _____

This authorization will expire twelve (12) months from the date signed.

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