

Interventional PAIN CARE, LLC

Authorization to Release Medical Records

Records to be released from Interventional Pain Care, LLC
5501 W. Bethel Ave.
Muncie, IN 47304

I hereby request and authorize the above provider to furnish records for the purpose of

_____ or at my request.

Records to be sent to:

Provide complete name,
address, and zip code

Patient Information

Patient Name	_____	Phone	_____
Address	_____	DOB	_____
City, State, Zip	_____	SS#	_____

Information that may be released:

<input type="checkbox"/> All records	<input type="checkbox"/> Office Visit Notes	<input type="checkbox"/> Prescription
<input type="checkbox"/> Labs	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Consultation report(s)
<input type="checkbox"/> Therapy notes	<input type="checkbox"/> Discharge Summaries	<input type="checkbox"/> Image reports (MRI, x-ray, etc.)
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Other _____	

☐ I understand that this release also pertains to records regarding drug and alcohol treatment, mental health records, and communicable disease records, including HIV and AIDS.

Limitations: Do not release information in my record regarding _____.

Release my records only for dates of _____ through _____.

I understand that (1) I may revoke this authorization at any time in writing, except to the extent that authorization has been taken based upon it; (2) that the recipient of these records may further disclose the information because of this authorization and it may then no longer be protected by Federal Privacy Regulations; (3) I am entitled to ask for a copy of this document; (4) I may refused to sign this authorization and my refusal to sign will not affect my ability to obtain treatment. There may be a discharge for the release of these records pursuant to Indiana Code 16-39-9-3 and CPR 164.524 (HIPAA).

Signature of patient or patient representative _____

Description of representative's authority to act for patient _____

Date signed _____ Expiration: 60 days or earlier date of _____

Authorizations for health records as defined by Indiana Statute may not be effective for longer than 60 days.

5501 W. Bethel Ave. Muncie, IN 47304
With locations in Muncie, Hartford City, Fishers, Upland, and Shelbyville
phone: 765-741-2957 toll free: 877-472-5548 fax: 765-747-3310