

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:

All records Office Visit Notes Prescription
 Labs History & Physical Consultation report(s)
 Therapy notes Discharge Summaries Image reports (MRI, x-ray, etc.)
 Operative Reports 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