

### Authorization for Release of Information-HIPPA

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MI

Eastern Regional Pain Specialists is authorized to release protected health information about the above-named patient in the following manner and/or to selected persons. List each below.

1. \_\_\_\_\_

Name	Relationship	Phone Number
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Type of communication permitted: \_\_\_ Voice Mail \_\_\_ Email\* \_\_\_ Text

Type of information permitted to be released: \_\_\_ Clinical \_\_\_ Financial \_\_\_ Appt. Time

2. \_\_\_\_\_

Name	Relationship	Phone Number
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Type of communication permitted: \_\_\_ Voice Mail \_\_\_ Email\* \_\_\_ Text

Type of information permitted to be released: \_\_\_ Clinical \_\_\_ Financial \_\_\_ Appt. Time

3. \_\_\_\_\_

Name	Relationship	Phone Number
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Type of communication permitted: \_\_\_ Voice Mail \_\_\_ Email\* \_\_\_ Text

Type of information permitted to be released: \_\_\_ Clinical \_\_\_ Financial \_\_\_ Appt. Time

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**For email and/or text communication:** I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. I still elect to receive email and/or text communication as selected.

**Patient Rights:**

- I have the right to revoke this authorization at any time by contacting our office.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse this authorization and that my treatment will not be conditioned on signing.

This authorization will remain in effect until revoked by the patient.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\*\*Description of Personal Representative's Authority (attach necessary documentation)