



Brain and Spine Center, PLC
4045 W. Chandler Blvd., Bldg. F
Chandler, AZ 85226
1760 E. Florence Blvd, Ste. 250
Casa Grande, AZ 85122
Office (480) 917-3706 Fax (480) 353-2066

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION (PHI)

Patient's Name: _____ Date of Birth: _____

Maiden Name: _____ Social Security #: _____

I request and authorize Brain and Spine Center, PLC to [] obtain or [] release healthcare information of the patient named above to/from:

Provider Name/Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Description of Protected Health Information to be disclosed:
[] Complete Medical Record [] X-Ray Reports [] Lab Tests
[] History and Physical Exam [] Other
Purpose(s) of the disclosure:
[] Supplemental Care [] Transfer of Care [] Personal Use
[] Second Opinion [] Workers' Compensation [] Legal
[] Insurance Coverage or Payment of Care [] Other: _____

I hereby authorize Provider to release Protected Health Information ("Information") to Brain and Spine Center, PLC. I understand that this authorization may cover Information relating to: (i) AIDS, HIV, and other communicable diseases; (ii) genetic testing; (iii) psychiatric, mental, and behavioral health and treatment; and (iv) alcohol, drug, and substance abuse and treatment. I understand that I may revoke this authorization at any time by notifying Provider in writing. I understand that any disclosure made pursuant to this authorization before any revocation shall not constitute a breach of my rights of confidentiality. I understand that this authorization will expire NINETY (90) days following the date of execution. I understand that a photocopy or facsimile of this Authorization is valid in lieu of the original. I understand that I may refuse to sign this authorization and that Provider will not condition or deny treatment because of my decision.

Patient Signature/Legal Representative: _____ Date: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER SIGNATURE DATE.

Hemant K. Pandey, MD Simon Parkinson, MSN, APRN, FNP-C, CNRN Jacqueline Murphy, DNP, APRN, FNP-BC
Kimberly Tokarski, DNP, APRN, FNP-BC Anjanette Kibby, MSN, APRN, FNP-C