☐ Alexandria ☐ Arlington ☐ Centreville ☐ Fairfax ☐ Fredericksburg
☐ Glen Allen ☐ Harrisonburg ☐ Haymarket ☐ Lansdowne ☐ Lynchburg
☐ Manassas ☐ McLean ☐ Mt. Vernon ☐ National Harbor
☐ North Arlington ☐ Reston ☐ Washington DC ☐ Woodbridge

Authorization to Release Medical Records

Patient Name: ______________________________ DOB: ______________

Patient's Address: ______________________________

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Patient Phone: Home ______________ Work: ______________ Cell: ______________

By signing this authorization, I authorize National Spine and Pain Centers to use and/or disclose medical information concerning my medical treatment including any reference or record relating to my mental health and/or substance abuse to or for the individual and/or party listed below:

Name: ______________________________ Phone: ______________

Business Name: ______________________________

Address: ______________________________ Fax: ______________

____

Information to be released: (check all applicable)

- ☐ Complete Medical Record
- ☐ Records with specified dates of______________________________
- ☐ Other______________________________

I understand that the medical records I authorized to be disclosed are privileged and confidential and may be disclosed only on my authorization, except as required by HIPAA and related laws or other disclosures identified in the Notice of Privacy Practices of National Spine & Pain Centers.

This Authorization will expire on______________, unless revoked sooner by the Patient or Patient's authorized Legal Representative. If the undersigned fails to specify an expiration date, event or condition, this authorization will expire *6 months* from the date signed.

______________________________ ______________________________
Signature of Patient or Legal Guardian Date

____
Print Patient's Name

______________________________ ______________________________
Print Name of Legal Guardian Relationship to Patient

For personal copies of your medical records, charges may apply of 50 cents per page up to 50 pages and 25 cents per page thereafter plus postage if applicable.