



- 6355 Walker Lane Ste 507 • Alexandria, VA 22310 • (703) 738-4332
- 2800 Shirlington Road Ste 102 • Arlington, VA 22206 • (703) 738-4336
- 13890 Braddock Road Ste 100 • Centreville, VA 20121 • (703) 738-4339
- 3031 Javier Road Ste 100 • Fairfax, VA 22031 • (703) 738-4331
- 411 Park Hill Drive Ste B • Fredericksburg, VA 22401 • (540) 368-3917
- 5213 Hickory Park Drive Ste B • Glen Allen, VA 23059 • (804) 270-7262
- 150 Elden Street Ste 240 • Herndon, VA 20170 • (703) 738-4335
- 1430 Spring Hill Road Ste 103 • McLean, VA 22102 • (703) 438-4342
- 174 Waterfront Street Ste 320 • National Harbor, MD 20745 • (301) 485-7400
- 3 Washington Circle Ste 305 • NW Washington, DC 20037 • (202) 540-7641

Authorization to Release Medical Records

Patient Name: _____ DOB: _____

Patient's Address: _____

Patient Phone: Home _____ Work: _____ Cell: _____

By signing this authorization, I authorize Capitol 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 HIPPA and related laws or other disclosures identified in the Notice of Privacy Practices of Capitol 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