REDEFINE HEALTHCARE
ORTHOPEDIC PAIN & SPINE CENTER

ORTHOPEDIC PAIN AND **SPINE CENTER**

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AUTHORIZATION TO DISCLOSE INFORMATION

(For Redefine to Send Our Records to Others)

I, _____, date of birth _____/_____/_____, and

residing at _____, _____, _____, _____

hereby authorize **Redefine Healthcare** to disclose the following information from my record:

[ ] COMPLETE RECORD
[ ] History & Physical
[ ] Progress Notes
[ ] Procedure Reports
[ ] _____ (other, specify)

[ ] Radiology Reports
[ ] Diagnostic Reports
[ ] Laboratory Results
[ ] Billing record

To: _____ (individual or company name)

Located at: _____

_____

Phone No.:_____ Fax No.: _____

For the purpose of: _____

I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the medical records manager at Redefine Healthcare. I understand that such revocation does not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the earlier of six months from the date signed or on the following date/event/condition: _____.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by federal confidentiality rules. I understand that if I have any questions about disclosure of my health information, I may contact the privacy officer at Redefine Healthcare.

I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). IF YOU DO NOT WISH THIS INFORMATION TO BE RELEASED, PLEASE INITIAL HERE: _____(Do Not Release)

_____ _____

Signature of Patient of Legal Representative Date