

**ADVANCED PAIN CENTER, PA. (Fax No 432-333-5200)**  
**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, authorize you to furnish a copy of the my medical records including lab results, progress notes, radiology reports, operative notes and other documents pertaining to my medical evaluation to Advanced Pain Center, PA.

I authorize the release of these medical records to Advanced Pain Centers from all physicians, relevant healthcare facilities and diagnostic centers involved in the course of my treatment.

I authorize Advanced Pain Center to release my medical records regarding their treatment to relevant healthcare providers, facilities and diagnostic centers involved in the course of my treatment. I specifically consent to the disclosure of records to Advanced Pain Centers that may contain alcohol/drug or substance abuse information. I specifically consent to the disclosure of these records by Advanced Pain Center to relevant healthcare providers, healthcare facilities and diagnostic centers involved in my treatment.  
\_\_\_\_\_(Initials)

I specifically consent to the disclosure of records to Advanced Pain Center that may contain HIV test results or diagnoses and AIDs and AIDs related conditions. I specifically consent to the disclosure of these records by Advanced Pain Center to relevant healthcare providers, healthcare facilities and diagnostic centers involved in my treatment. \_\_\_\_\_(Initials)

I specifically consent to the disclosure of records that contain mental health information. I specifically consent to the disclosure of these records by Advanced Pain Centers to relevant healthcare providers, healthcare facilities and diagnostic centers involved in my treatment. \_\_\_\_\_(Initials)

If not previously revoked, this authorization will expire TWELVE (12 months) from the date of my signature or as otherwise specified by date, event or condition(s) as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature