

# ACUTE & CHRONIC PAIN & SPINE CENTER

**B.J. DANESHFAR, M.D.**

24 CARE CIRCLE  
AMARILLO, TX 79124  
PHONE: (806) 353-6100 FAX: (806) 353-8130



## AUTHORIZATION FORM RELEASE OF MEDICAL RECORDS

This is an authorization under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 (45 CFR.164.508).

I authorize **ACPSC** to disclose my individually identifiable health information stated below.

I understand that by disclosing my medical records, **ACPSC** cannot guarantee the recipient will use or disclose information in accordance with the Privacy Rules.

Under the Privacy Rules, I have the right to revoke this authorization at any time, and **ACPSC** must cease using this authorization. However, **ACPSC** may complete any actins it initiated prior to my revocation.

I must revoke this consent (in writing) at any time and send the revocation to **ACPSC**, 24 Care Circle, Amarillo, Texas 79124. This consent will expire 180 days after the date of my signature unless otherwise specified.

I must complete a separate medical records release if I wish to have any psychotherapy notes released.

The information authorized for release may include records which may indicate the presence of a communicable and/ or non-communicable disease.

Patient's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Information to be released TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: **ACPSC**

24 Care Circle  
Amarillo, Texas 79124  
806-353-6100

Information to be released:

- X-ray Reports, Radiology Reports, etc  
 Office Notes  
 OP Reports  
 Treatment and/or Treatment Plans  
 History and Physical Examination  
 All records relating to treatment rendered to the above listed patient

Reason or Purpose for Release: (Check the appropriate category)

- Continued Patient Care  
 Insurance Claim/Application  
 Attorney/Legal  
 Personal Use  
 Disability Determination/Social Security  
 Other (Specify) \_\_\_\_\_

Signature of Patient or Patient's Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

**For Office use only** \_\_\_\_\_

Records picked up \_\_\_\_\_ Records Mailed \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_