

DOLORA PAIN MANAGEMENT ASSOCIATES, P.C.

12434 E. 12 Mile Rd., Suite #203, Warren, MI 48093

Tel# 586-755-4333

Fax: 586-755-4744



AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Name (include maiden name, etc.) D.O.B.

Address City/State Zip Code

Telephone Number Alt. Telephone Number Social Security Number

I authorize _____, or its designee, to release information

Medical Professional/Facility Name

contained in the above-mentioned patient's medical record(s), including:

- Substance abuse information protected under the regulations in 42 Code of Federal Regulations (CFR), Part 2.
- Mental health treatment records, psychological services and social services information, including any communication made by me to a psychiatrist, psychologist, social worker, nurse or other mental health care provider.
- Information about communicable diseases, serious communicable diseases and infections, as defined by statute and the Michigan Department of Public Health rules, which include venereal disease ("VD"), tuberculosis ("TB"), hepatitis, human immunodeficiency virus ("HIV"), acquired immunodeficiency syndrome ("AIDS"), and AIDS-related complex ("ARC").

Please release the following information to _____ including

Medical Professional/Facility Name

discharge summary, history/physical examinations, emergency room records, operative, pathology, lab, x-ray EKG reports

OR SPECIFY _____

for the dates of _____ to _____.

The purpose or need for the release of information is for _____.

The authorization is valid only if received within six months of the date signed. This authorization may be revoked at any time, except to the extent that the records have already been released. The consent for release of records protected under the regulations in 42 CFR Part 2 can last only long enough to reasonably accomplish its purpose.

Signature of Patient, Parent/Legal Guardian or Representative Relationship Date

Signature of Witness Date

Commitment to chronic, and cancer pain management.
website: www.dolorapain.com