

HIPAA AUTHORIZATION FOR RELEASE OF PATIENT MEDICAL INFORMATION

(Please print)

PATIENT NAME: (Last) _____ (First) _____ (MI) _____

Patient address: _____ City: _____

State: _____ Zip code: _____

DATE OF BIRTH: _____

IDENTIFICATION OF PROVIDER FROM WHOM RECORDS ARE BEING REQUESTED

(Please print)

PROVIDER'S NAME: _____ Phone: _____ Fax: _____

Organization, Facility, or affiliation (if different from above): _____

Provider address: _____ City: _____

State: _____ Zip code: _____

REQUEST FOR RELEASE (Patient signature required)

By evidence of signature below, the above named patient has requested medical records as specified below be released to National Network for Chronic Intractable Pain, ("NNCIP") for continuity of care and to facilitate research into the long-term effectiveness of current protocols as well as the efficacy of alternative therapies for patients with chronic medical complaints. The patient expressly releases this information to NNCIP.

- All general medical records, radiological reports, and lab reports.
- Limited records(specify): _____
- Including psychiatric/psychological records (if applicable).
- Including HIV/AIDS records (if applicable). Patient signature: _____
- Other (specify): _____
- Records required only for period of treatment on or about (enter dates): _____ to _____

PATIENT SIGNATURE (Required): _____ DATE: _____

ACKNOWLEDGEMENT OF PROHIBITION ON REDISCLOSURE

NNCIP acknowledges that this information is being disclosed from records whose confidentiality is protected by law. State and federal laws prohibit us from making any further disclosure of such information without the consent of the person to whom such information pertains, or as otherwise permitted by such laws. With regard to HIV/AIDS and psychiatric/psychological records (if applicable), a specific, written consent or a court order is required. A general authorization for the re-release of medical or other information is NOT sufficient for this purpose.

ADMINISTRATIVE INSTRUCTIONS

NNCIP, LLC. , requests the above records are forwarded fax to: 866-424-5159

NNCIP, L.L.C.
1611 W. Whispering Wind Rd Suite-1
Phoenix, AZ 85085
Phone: 1-800-846-6560
Fax: 1-866-424-5159

Please attach a copy of this document to the records being forwarded.