

VALLEY PAIN CLINIC

2208 Danville rd. S.W. Suite G

Decatur, AL 35601

Due to federal Privacy Laws we are unable to provide information to anyone except you, the patient, regarding medical conditions, prescriptions, appointment times, or any other information held by the practice without your specific permission.

If you desire your spouse, friend, parent, etc. to pick up prescription, check on appointments, receive lab results or discuss your private medical information, please list him/her/them below and sign/date the authorization.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I, _____, Date of birth: _____

Hereby authorize Valley Pain Clinic to release information from my medical records to include but no limited to my complete medical records, prescription information, appointment or visit information, x-rays and x-ray results, tests and test results, laboratory results to the above named person/persons.

I understand that this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

Valley Pain Clinic, its employees and officers and attending physicians are released from legal responsibility or liability for release of the above information to the extent authorized herein.

Signed: _____ Date: _____

Relationship to Patient: _____

Witness: _____ Date: _____