



MEDICAL RECORDS
RELEASE OF INFORMATION AUTHORIZATION

Patient Name _____ Date of Birth _____

Address _____

Phone # _____

I hereby authorize Pioneer Spine & Sports, P.C. to: (check one)

[] Obtain health information from: or [] Disclose my PHI (protected health information) to:

Name _____

Address _____

Phone# _____ Fax# _____

- [] All PHI to current
[] Office Visit Notes [] Procedure Notes [] Radiology Reports [] Laboratory Reports [] Physical Therapy Notes
[] Selected records below:
[] AIDS/HIV information or test results [] Social Services Notes [] Drug or Alcohol Abuse
[] Sexual/Physical Abuse [] Socially Transmitted Disease [] Other _____

For the purpose of: [] Continuing Health Care [] Legal [] Personal Use [] Insurance
[] Transfer of Care to New Provider [] Other _____

I hereby release the offices of Pioneer Spine & Sports P.C. from any and all liability that may result from the release of my medical records for the purpose specified.

If not previously revoked, this authorization will terminate:

- [] A period of one year from the date signed below.
[] On ___/___/_____ or no longer than necessary to serve the purpose for which it is given.

I understand that I may revoke this authorization at any time by notifying the health care provider in writing, but if I do not it will not have any effect on actions that the health care provider took before it received the revocation. I understand that my treatment or continued treatment is in no way conditioned on whether or not I sign this authorization or refuse to sign it. A photocopy of my authorization will be as effective as the original.

Patient's Signature _____ Date _____

Empowered Representative _____ Date _____

271 Park Street * West Springfield, MA 01089 * 413 785-1153 * Fax 413 781-4951
766 North King Street * Northampton, MA 01060 * 413 586-0230 * Fax 413 586-1068
55 Federal Street * Greenfield, MA 01301 * 413 774-7979 * Fax 413 775-0222
265 Benton Drive * East Longmeadow, MA 01028 * 413 525-7222 * Fax 413 525-7221
55 Pittsfield Road, Unit 12A * Lenox, MA 01240 * 413 242-9115 * Fax 413 775-0222
Billing Dept. 413 781-9082