



8279 Fredericksburg Rd,  
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(832) 553-3211

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize The Spine Center to \_\_\_\_\_ Release to: \_\_\_\_\_ Receive from:

\_\_\_\_\_  
Person or Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Information/copies from the medical records on

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security

\_\_\_\_\_  
Date of Service

#### INFORMATION TO BE RELEASE:

\_\_\_\_\_  
Doctor Visit Notes

\_\_\_\_\_  
Operative Reports

\_\_\_\_\_  
Lab Reports

\_\_\_\_\_  
Radiology Reports

\_\_\_\_\_  
Billing Records

\_\_\_\_\_  
Other

This information is being released for the following purpose:

\_\_\_\_\_  
Continued Care

\_\_\_\_\_  
Attorney/Litigation

\_\_\_\_\_  
Insurance

\_\_\_\_\_  
Disability

\_\_\_\_\_  
Other

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on it and that in any event this authorization shall expire (180) days from the date of my signature, unless specified in writing here:

**TO PATIENT PARTY RECEIVING THIS INFORMATION:** This information has been disclosed to you from records that congeniality may be protected by federal law. If so, federal regulations (42 CFR part2) prohibit you from making and further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization form the release of information or other information is not sufficient for this purpose.

#### FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART2.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Name of Legally Authorized Rep.

\_\_\_\_\_  
Witness-Printed