FLORIDA MEDICAL PAIN MANAGEMENT

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STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information to be Used or Disclosed **-** The information covered by this authorization includes:
Patient's entire medical history, mental or physical condition, diagnoses, treatment including psychiatric, drug or alcohol abuse treatment.

Persons Authorized to Use or Disclose Information **-** Information listed above will be used or disclosed by:
Physicians and Personnel of Florida Medical Pain Management

Persons to Whom Information May be Disclosed:
Please list anyone that Florida Pain Management will be able to release medical information to regarding your care:

1. My referring physician	4.
2. My primary care physician	5.
3. Mental health care providers	6.

Expiration date of Authorization
This authorization is effective indefinitely unless revoked or terminated by the patient or the patient's personal representatives.

Right to Terminate or Revoke Authorization
You may revoke or terminate this authorization by submitting a written revocation to Florida Medical Pain Management. You should contact the Florida Medical Pain Management Compliance Officer to terminate this authorization.

Potential for Re-disclosure
Information that is disclosed under this authorization may be disclosed again by the person or organization to which it was sent. The privacy of this information may not be protected under the federal privacy regulations.

Overall, by signing this form you are giving Florida Medical Pain Management permission to release or receive your medical records to or from any physician office, hospital, attorney, or any persons name from above you approved us to disclose information to. Your signature confirms that you have received a Notice of Privacy Practices.

_____ _____
Name of Patient (please print) DOB

_____ _____
Signature of Patient Date

_____ _____
Signature of Patient Representative Relationship to Patient

_____
Signature of Florida Medical Pain Management employee confirming that this was explained and signed by patient