

PAIN AND NEUROPATHY CENTER OF PA

Patient Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Social Security Number: _____

*** I authorize release of my health care information concerning
(please check off at least one of the following)**

1. ___ All health care records 2. ___ Treatment of (please identify condition):
3. ___ Treatment received on the following dates: _____ to
4. ___ Other (please describe):

*** Sensitive records require specific patient authorization. Please initial the appropriate records requested.**

I authorize the information listed below to be used, disclosed or received:
___ Mental health ___ STD's including HIV/AIDS ___ Drug/alcohol abuse/treatment.

*** Request:**

I authorize _____ to release my private health information as identified above to:

Ajay Kumar, MD
905 Pennsylvania Ave Ste B
Matamoras, PA 18336
(973)917-3800 (P) (973)206-2236 (F)

*** Release:**

I authorize Ajay Kumar, MD to release my personal health care information to:

Name: _____ Phone/Fax Number: _____
Address: _____

* I understand the following:

- A. I may revoke this authorization at any time by providing written notice to the practice.
- B. I may not be able to revoke this authorization if the practice has already taken action utilizing this authorization or if the authorization was obtained as a condition of obtaining insurance coverage.
- C. The practice will not condition treatment or payment based on my signing this authorization.
- D. I am signing authorization freely and under no pressure from any individual to do so.
- E. The information disclosed in this had an opportunity to review this authorization and understand the intent and use.
- F. I acknowledge that I have had an opportunity to review this authorization and understand the intent and use.
- G. This authorization may include disclosure of information relating to ALCOHOL and DRUG abuse, and CONFIDENTIAL HIV RELATED INFORMATION only if I place my initials on the appropriate box above.

Patient Signature: _____ Date: _____