



NEBRASKA PAIN INSTITUTE

Getting you back to the good life

4546 S 86th St, Suite B

Lincoln, NE 68526

P: (402) 488-7246 F: (402) 488-7247

info@nebraskapaininstitute.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

Patient's Home Phone: _____ Patient's Work/Cell Phone: _____

Patient's Address: _____

I request and authorize Dr. _____ Phone number: _____

Address: _____ Fax number: _____

To release healthcare information of the patient named above to:

Nebraska Pain Institute

4546 S 86th St, STE B

Lincoln, NE 68526

PLEASE FAX RECORDS TO (402) 488-7247

This request and authorization applies to:

- All healthcare information
- Healthcare information relating to the following treatment, condition, or dates:

- Other: _____

___ Yes ___ No I understand the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

X _____

Signature of Patient / Parent or Authorized Representative

Date

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.