



Innovative Pain Solutions Centers

Bowie location: 6911 Laurel Bowie Rd., Ste. 212, Bowie, MD 20715

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Salisbury Location: 201 Pine Bluff Rd., Ste. 1, Salisbury, MD 21801

(P) 410.648.2000 (F) 410.946.8360

Disclosure to Family/Friends

I hereby authorize _____ (Innovative Pain Solutions Centers) to discuss the following with the person/persons listed below.

- Condition/Treatment/Plan of Care
- Diagnostic Test Results
- Lab Results

I understand that this authorization is voluntary and that it may include information related to ***AIDS, HIV infection, behavioral health services/psychiatric care, and treatment for alcohol and/or drug abuse***. I understand that if the person/entity that received my Protected Health Information is not covered by Federal Privacy regulations, the PHI described below may be re-disclosed by such person or entity.

Allowed person/persons:

1. Name: _____ Relation: _____
2. Name: _____ Relation: _____
3. Name: _____ Relation: _____
4. Name: _____ Relation: _____
5. Name: _____ Relation: _____
6. Name: _____ Relation: _____

I understand that I/my legal representative may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on this authorization or according to law. Written revocation must be sent to the person that I authorized to release my information.

Patient Name/Legal Representative: _____

Signature: _____ Date: _____

Patient DOB: _____