Neurology & Pain Management Center, PLLC

"Finding the path to better health."

Nailesh Dave, MD

Diplomat American Board of Psychiatry & Neurology
Diplomat American Board of Pain Medication

AUTHORIZATION TO SECURE HEALTH INFORMATION

PATIENT NAME: _____ **MEDICAL RECORD NO:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NO:** _____

I hereby consent to and authorize the following Facility/Individual to Release Information:

_____
Name

_____
Address City State Zip

_____
Phone Fax

to release to Neurology & Pain Management Center information concerning the history, treatment, examination and/or hospitalization of the above patient. I understand that the specific type of information to be released includes:

- ☐ Problem list
- ☐ Medication list
- ☐ List of allergies
- ☐ Immunization record
- ☐ Most recent history and physical
- ☐ Most recent discharge summary
- ☐ Office visits from date _____ to date _____
- ☐ Laboratory results from date _____ to date _____
- ☐ X-Ray and imaging reports from date _____ to date _____
- ☐ Entire record
- ☐ Other _____

And that information is needed for_____

I DO _____ DO NOT _____ (PLEASE INITIAL) authorize the release of portions of the record relating to substance abuse, psychological/psychiatric conditions and/or communicable disease, including Acquired Immunodeficiency Syndrome (AIDS), or tests for infection with Human Immunodeficiency Virus (HIV), if present.

I understand that this consent is revocable except to the extent that action has already been taken. This consent will automatically expire 90 days from date of signature, unless another date is specified below (*). **NOTE: UNLESS OTHERWISE PERMITTED BY LAW, FURTHER RELEASE OF THIS INFORMATION IS PROHIBITED WITHOUT MY PRIOR WRITTEN CONSENT.**

***Authorization not valid beyond _____**
(Date cannot exceed one year from today)

_____ _____
Signature of Patient or Legal Representative Relationship Date

_____ _____
Signature of Witness **Date**

PLEASE RETURN INFORMATION TO:

- 350 Pine State Street, Lillington, NC, 27546, Phone 910-893-9700, Fax 910-893-9747
- 1212 Central Drive, Sanford, NC, 27330, Phone 919-777-5455, Fax 919-777-5294
- 325 S Walton Drive, Benson, NC 27504, Phone 919-894-1003, Fax 919-894-1336
- 3400 Walsh Parkway Suite 100, Fayetteville, NC 28311, Phone 910-491-2744, Fax 910-491-2903
- 6402 McCrimmon Parkway Suite 300, Morrisville, NC 27560, Phone 919-234-6016, Fax 919-650-2647