



BARBEE™
PRIMARY CARE

A division of Arizona Spine and Pain Specialists LLC

AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

Patient Name _____ DOB _____

To Provider/Facility Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Covering the Period From: _____ To: _____

To be included:

- | | |
|---|---|
| <input type="checkbox"/> My Diagnosis | <input type="checkbox"/> Lab and Diagnostic Studies |
| <input type="checkbox"/> My Progress | <input type="checkbox"/> Radiographic Films and Reports |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Emergency Treatment Reports |
| <input type="checkbox"/> Hospital Reports | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Other: _____ | |

I authorize this release to:

I authorize this release from:

Barbee Primary Care
A division of Arizona Spine and Pain Specialists LLC
1475 W Chandler Blvd STE 1
Chandler, AZ 85286
Phone 480-669-1669
Fax: 480-304-3459

For the following purpose and that purpose only. Any other use is forbidden.

I, the undersigned, authorize you to furnish a copy of the following medical records.

This authorization specifically authorizes you to disclose records of alcohol abuse and substance abuse. This authorization specifically authorizes you to disclose HIV test results or diagnosis and AIDS and AIDS-related conditions.

I also understand that I may revoke this authorization at any time, except to the extent that Barbee Primary Care has already taken action in reliance on it.

Signature of Patient or Authorized Legal Representative* Date

Relationship to Patient Witness Signature/Date

** A legal representative includes ONLY 1) the parent of a minor, 2) the court-appointed guardian of a minor or incompetent patient (court order appointing guardian MUST accompany this form), 3) a person or agent for the patient under a durable power of attorney for health care, or 4) the executor or administrator of the estate of a deceased patient (copy of the court order appointing executor or administrator MUST accompany this form).*