



Phone: 520-399-6000 • Fax: 520-399-6002

www.pimapaincenter.com

***Please note: This authorization is not valid unless filled out completely.**

***There is a 24-48 hour wait time for medical records as well as a minimum fee of \$25.00 (depending on volume) for any records being copied.**

Patient name (please print): _____ DOB: _____ Phone: _____

Street Address: _____ City, State, Zip Code: _____

1. Periods of care being covered from (date): _____ To (date): _____

2. Specific information to be disclosed:

- Discharge Summary Laboratory Test Results Radiology Reports only
 History and Physical Exam Operative Reports Other: _____
 Consultation reports Progress note

3. Purpose of request: Treatment Consultation Personal Copy Attorney Insurance Continuity of Care
 Other:

4. To Be Released From:

To Be Released To:

5. Drug and/or Alcohol Abuse, Communicable Disease, Psychiatric, and/or HIV/AIDS and/or Genetic Testing Records: I agree that any information regarding drug and/or alcohol abuse, communicable diseases, psychiatric, and/or genetics testing may be released (Please initial) Yes _____ No _____

6. I agree that any billing or medical record containing information in reference to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing and/or treatment may be released.
Yes _____ No _____

7. Time Limit and Rights to Revoke Authorization: I understand that I may revoke this authorization at any time by submitting a written notice at 6226 E. Pima St. Suite 3 Tucson, AZ 85712. I understand that my records may have already been released.

Signature of Patient or Personal Representative Authorized to Request Disclosure:

Patient Signature: _____ Date: _____

6226 E Pima St, Suite 3
Tucson, AZ 85712

7530 N Oracle, Suite 200
Tucson, AZ 85704

13395 N Marana Main St
Marana, AZ 85653

1310 W St. Mary's Rd
Tucson, AZ 85745

2275 W Magee Rd, Suite 111
Tucson, AZ 85742

4601 E Broadway Blvd
Tucson, AZ 85711

4485 I-19 Frontage Rd, Suite 100 Green
Valley, AZ 85614