



4601 E Broadway Blvd • Tucson, AZ 85711 • Phone: 520-399-6000 • Fax: 520-399-6002 • Email: pimapain@pimapaincenter.com

www.pimapaincenter.com

***Please note:** This authorization is not valid unless filled out completely. If you are completing this form outside the office, you may submit it via email to pimapain@pimapaincenter.com or via fax at (520) 399-6002.

***There is 3-5 business days wait time for medical records as well as a 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 notes

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.

(Please initial) 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: _____

Identity verified by: Photo ID Other: _____ Verified by (staff member): _____ Date: _____

Pima Pain Center Staff Use Only

Patient paid today (please fill out #2) will pay for records upon pick-up (medical records please fill out #1)

1. Medical records ready on date: _____ Patient called on: _____ Amount due: _____ Pre-Paid (please fill out #2)

2. Amount paid: \$ _____ Payment type: Credit Card Debit Card Cash **Sorry, no checks accepted**

Collected by: _____ On Date: _____ Release Scanned on Date: _____ ID Scanned Yes

6840 E Broadway Blvd
Tucson, AZ 85710

6226 E Pima St., Suite 3
Tucson, AZ 85712

1310 W St Mary's Rd
Tucson, AZ 85745

7530N Oracle, Suite 200
Tucson, AZ 85704

2158 N Gilbert Rd., Ste 121
Mesa, AZ 85203

2275 W Magee Rd., Suite 111
Tucson, AZ 85742

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

13395 N Marana Main St
Marana, AZ 85653