PRINCIPLE
SPINE AND PAIN

6243 Fairmont Parkway #200, Pasadena, TX 77505
16840 Buccaneer Lane Suite #202, Houston, TX 77058
7111 Medical Center Dr., Suite #100, Texas City, TX 77591
Phone 281-991-2200, Fax 281-991-7700

Jose Reyes, Jr., M.D. * Bilal Dar, M.D. *Dwayne Dunbar, M.D.

Medical Record Release Authorization Form

1. I, _____ DOB: _____ hereby authorize:
    a. Principle Spine and Pain and its associates/employees to use, obtain and/or disclose my protected health information.
    b. Providers Name: _____ Fax Number: _____

2. Reason for release of medical records (mark a, b, or c, below)
    a. ____ Continuation of care
    b. ____ Insurance Change
    c. ____ Other: _____

3. I hereby authorize (initial a or b below)
    a. _____ The release and use of my complete health records.
    b. _____ The release and use of my complete mental health records.
    c. _____ I hereby authorize the release of and use of my complete health record except for: (check records that you DO NOT want to send)
        i. ___ Alcohol/drug abuse treatment
        ii. ___ Communicable Disease
        iii. ___ Mental Health Records
        iv. ___ Other: _____

4. I understand that the information released may be disclosed by the recipient and may no longer be protected.

5. I am voluntarily releasing and authorizing the use of information protected by law.

_____
Patient printed name

_____ _____
Patient signature Date