

Johnston Pain Management, P.A.

250 Huff Drive
Jacksonville, NC 28546
P: 910.353.4414 F: 910.353.2972

Medical Records Release Form

Patient Name	Date of Birth
Social Security Number	Telephone Number
Reason for Records Request	Dates of Service Requested

I authorize Johnston Pain Management, P.A. to

Release my Protected Health Information (PHI)

Request my Protected Health Information (PHI)

Medical Provider, Clinic or Individual to release/request information to/from.

Street	City	State
Telephone #	Fax #	

<input type="checkbox"/> Paper Copy of Records	<input type="checkbox"/> Electronic Copy of Records
<input type="checkbox"/> Pick up Records in Office	<input type="checkbox"/> Mail (USPS)
<input type="checkbox"/> Fax to _____	<input type="checkbox"/> option

Medical Records Fee: The Following Charges apply to copying records request for personal use, attorneys', insurance purposes, disability determination and various other reasons.
 \$12.00 (1 to 25 pages) or Electronic copy on CD
 If your exceed 25 pages it will be the initial \$12.00 fee plus
 \$0.50 per page (26-100 pages)
 \$0.25 per page (101 and up)

I understand that I have the right to revoke this authorization, in writing at any time except (1) where use or discloser's have already been made based upon my original permission or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. I understand that uses and disclosures already made based upon my original permission cannot be withdrawn. To revoke this authorization I must do so in witting and send it to Johnston Pain Management.

Patient Signature:	Date:
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Expiration date is one year from date signed unless otherwise stated.

JPM employee processing request	Date request completed.
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Additional Notes

