403 Lexington Circle
Grand Island, NE 68803
Phone : (308) 675-3222
Fax : (308) 675-3234
Email : gipainrelief@giprc.org
Web : www.giprc.org

GRAND ISLAND
PAIN RELIEF CENTER, P.C.
'Our Belief, Your Pain Relief'

Authorization to release healthcare information

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

Patient's Home Phone: _____ Patient's Work/Cell Phone: _____

Patient's Address: _____

I request and authorize Dr. _____ Phone number: _____

Address: _____ Fax number: _____

To release healthcare information of the patient named above to:

Grand Island Pain Relief Center, PC

403 Lexington Circle

Grand Island, NE – 68803

PLEASE FAX RECORDS TO (308) 675 – 3234

This request and authorization applies to:

- ☐ All healthcare information
- ☐ Healthcare information relating to the following treatment, condition or dates:

  _____

  _____

- ☐ Other: _____

_____ Yes _____ No I understand the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

X_____ _____

Signature of Patient / Parent or Authorized Representative Date

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.