

# CUMBERLAND PAIN ASSOCIATES, PLC

The purpose of this form is to obtain authorization for use or disclosure of protected health information. Please complete ONLY the sections that apply to the requested disclosure.

## Patient Authorization for Use/Disclosure of Health Care Information

Patient's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

I request and authorize Cumberland Pain Associates, PLC to release health care information of the patient named above to:

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

This request and authorization applies to:

\_\_\_\_\_ All health care information

\_\_\_\_\_ Other: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES ON: \_\_\_\_\_

OR WHEN THE FOLLOWING EVENT OCCURS: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed

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I may revoke this authorization to the extent allowed by law. If I do, I understand that Cumberland Pain Associates, PLC may have already released information about me after I gave permission. I know that revoking this authorization would not prohibit any release of information by Cumberland Pain Associates, PLC in reliance on my original authorization.

There are two ways to revoke this authorization. I can:

- Or
- 1) Sign and date a form available from Cumberland Pain Associates, PLC called "Revocation of Authorization for Use and Disclosure of Health Care Information";
  - 2) Write a letter to Cumberland Pain Associates, PLC. If I write a letter to Cumberland Pain Associates, PLC, it must say that I want to revoke my authorization to disclose the patient's health care information. My letter must include the name or other specific identification of the person(s) that I no longer want to receive information. I (or my authorized representative for health care) must sign and date the letter.

Once Cumberland Pain Associates, PLC gives out the information that I want released, I know that Cumberland Pain Associates, PLC has no control over the information. The individual or organization that I authorized to receive the information might re-disclose it. Federal or state privacy laws may no longer protect the information.