Spine Disorders of Arizona, PC
Duane D.H. Pitt, MD
PO Box 27950
Scottsdale AZ 85255
602-218-6556 (main)
spinedocaz.com

To request release of medical information please complete and sign this form and return via mail or fax to Medical Records.

Patient Information

Patient Last Name__________________________First Name____MI_________

Street Address_____________________________City___________________State______________________Zip_________

Date of Birth________________________Day Phone No.:____________________Email Address:______________________

Spine Disorders of AZ has my permission to **release** and or **obtain** information contained in the medical record of the above named patient.

Information Requested (please be specific):____
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____

Restrictions and/or Exclusions (if any):____
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____

Purpose of release:____
____

Spine Disorders of AZ will **provide** the information requested above to the following party by: USPS Mail Fax Email

Name____

StreetAddress________________________________Telephone__________________Fax_______________Email____________________

City___________________________State___________________________________Zip_______________________________

I hereby authorize Spine Disorders of Arizona PC, (SDA) to release any medical information as requested above. This may include information about drug or alcohol use, psychiatric, social work, or other protected information unless otherwise excluded above. I am aware that SDA cannot control how the recipient uses or shares the information, and those laws protecting its confidentiality at SDA may or may not protect this information once it has been disclosed to the recipient.

Information will not be released without a valid signature below. This authorization will expire 1 year from the signature date. I can however, cancel this authorization in writing anytime.

____ ____________________________
Signature of Patient (18 years of age or older) Date

____ ____________________________
Signature of Parent or Guardian (if minor patient) Date

Please make a copy of this release for your records