



Triangle Pain Institute
2605 Blue Ridge Rd
Suite 330
Raleigh, NC 27607

Phone: 919-615-0018
Fax: 984-242-0954
Website: www.trianglepaininstitute.com

Authorization for Use and Disclosure of Protected Health Information

I consent to and authorize: _____
Person(s) or institution authorized to release the information

Address City State Zip

To release to: _____
(person(s) or institution receiving the information)

Address City State Zip

Description of Information that may be used or disclosed:

(The information may include medical information related to treatment of alcohol, psychiatric care, psychological assessments, substance abuse and/or HIV/AIDS, if applicable)

- Medical Information from the most recent visit/admission to include physician notes/summaries and diagnostic results
 - Medical information including physician notes/summaries and diagnostic results for the periods from _____ to _____
 - Other: Specific information to release _____

- For the periods from _____ to _____

Please circle the reason for request: Treatment, Insurance, Legal, Other: _____

Patient's Name: _____

Signature: _____ Date: _____



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