CVPM | CENTRAL VALLEY PAIN MANAGEMENT

AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:

The information to be used or disclosed by this authorization will include chart notes, appointment dates/times or any type of information regarding the patient.

The information listed above will be used or disclosed by:

Central Valley Pain Management
1300 Mable Ave. Suite # 2
Modesto, CA. 95355
209-571-1992

Person(s) to whom information may be disclosed to:

Spouse: _____ *Phone #:* _____

Family Member: _____ *Phone #:* _____

Other: _____ *Phone #:* _____

Person(s) to whom may pick up prescriptions/samples/Medical Records

Spouse: _____ *Phone #* _____

Other: _____ *Phone #:* _____

THIS AUTHORIZATION MAY BE REVOKED OR TERMINATED BY THE PATIENT OR THE PATIENTS REPRESENTATIVE AT ANY GIVEN TIME. PLEASE NOTIFY CVPM

Patient Name: _____

Patient Signature: _____ *Date:* _____