

MEDICAL PAIN CENTER, P.C.

P.O. Box 241811

Omaha, NE 68124

**AUTHORIZATION FOR USE, RELEASE OR DISCLOSURE OF
PERSONAL HEALTH INFORMATION**

1. I, _____

(Patient's printed first, middle & last name)

(Patient's mo., day, year of birth)

hereby authorize Richard Belatti, Jr., M.D. and/or Medical Pain Center, P.C. (MPC) to use and/or disclose my protected health information to:

(Name) _____

(Street Address) _____

(City, State, Zip) _____

2. The intent of this release is to allow Dr. Belatti and/or MPC the fullest latitude in obtaining my health information subject to the exceptions above. I agree that a copy of this form shall have the same authorization force and effect as the original. I understand that I have the right to revoke this authorization at any time by sending written notice to Medical Pain Center, P.C., P.O Box 241811, Omaha, NE 68124. Absent such written revocation, this authorization will expire one (1) year from the date of signature in No. 4 below. I understand that a revocation is not effective to the extent that Dr. Belatti and/or MPC have already relied on the original authorization to use or disclose my protected personal health information.

3. I understand that when Dr. Belatti and/or MPC uses or discloses my health information to other parties that Dr. Belatti and/or MPC will not have the ability to monitor where my health information may be used or disclosed by such parties. I understand that the information used and/or disclosed pursuant to this authorization may no longer be protected by federal or state law. I am releasing Dr. Belatti and/or MPC from any and all liability arising from the use or release of my protected health information to persons or agencies, provided said use or release of information is done in accordance with applicable law.

4. Dated this _____ day of (Month) _____, (Year) _____.

5. Signature of patient (or personal representative): _____

6. If signed by personal representative, description of personal representative's authority/relationship:
