

Johnston Pain Management, P.A

250 Huff Drive

Jacksonville, NC 28546

P: 910.353.4414 F: 910.353.2972

Medical Records Release Form

Patient Name | Date of Birth

Social Security Number | Telephone Number

Reason for Records Request | Dates of Service Requested

I authorize Johnston Pain Management, P.A. to:

Release my Protected Health Information (PHI)

Request my Protected Health Information (PHI)

Medical Provider, Clinic or Individual to release/request information to/from.

Street | City | State

Telephone # | Fax #

Paper Copy of Records Electronic Copy of Records

Pick up Records in Office Mail (USPS)

Fax to _____

Medical Records Fee: The following charges apply to copying records for personal use, attorney's, insurance purposes, disability determination and various other reasons.

\$12.00 (1 to 25 pages) or Electronic copy on CD.

If your records exceed 25 pages, the following charges will also apply.

\$0.50 per page (26-100 pages)

\$0.25 per page (101 and up)

I understand that I have the right to revoke this authorization in writing at any time except, (1) where use or discloser's have already been made based upon my original permission or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy.

Patient Signature: | Date:

Expiration date is one year from date signed unless otherwise stated.

JPM Employee processing request | Date request completed.

Additional Notes