



www.IndyPain.com

INDIANAPOLIS

Phone: 317-706-7246
Fax: 317-706-3417
8805 North Meridian St.
Indianapolis, IN 46260

GREENWOOD

Phone: 317-706-7246
Fax: 317-706-3417
533 East County Line Rd.
Greenwood, IN 46143

LAFAYETTE

Innovations Pain Management
Phone: 765-807-2780
Fax: 317-706-3417
3738 Landmark Dr.
Lafayette, IN 47905

Edward J. Kowlowitz, M.D. John J. Fitzgerald, M.D. Jocelyn Bush, M.D.

Scott Kim, M.D. Saima Kamal, M.D. David Miller, M.D. David Gordon, M.D. Amanda Wakefield, Psy.D., HSPP

RELEASE OF INFORMATION

I, _____, with Date of Birth (month/day/year): _____

authorize and release the disclosure of my health information from: _____

to the Center for Pain Management and/or Innovations Pain Management Group (a division of Center for Pain Management) for the purpose of: _____

The information to be released includes: _____

I understand that I may revoke this authorization at any time except to the extent that information has already been released in response to this authorization. I understand that I may revoke this authorization by making the request in writing and giving it to an office staff member of the Center for Pain Management and/or Innovations Pain Management Group. I understand that information disclosed in response to this authorization may be re-disclosed by the recipient and therefore is no longer protected. I understand that my treatment may not be conditioned upon the signing of this authorization.

AUTHORIZATION

Signature: _____

Relationship if other than patient: _____

Date: _____

Expiration Date or Event: _____