

Pars Interventional Pain & Wellness Center
1212 Garfield Ave., Suite 202
Parkersburg, WV 26101

Request for Protected Health Information

Before Pars Interventional Pain & Wellness Center can complete your request for protected health information, we must first verify and document your identity, the information you would like to use or disclose, and your purpose(s) in requesting this information. You understand that if you request protected health information from a patient without his or her authorization, we may refuse to provide you access to this information.

Please fill out the information below. Be as accurate and specific as possible.

Date: _____

Time: _____

Physician: Pete Pantelidis, MD Gregory D'Eramo, MD

Name of Patient: _____

Phone #: _____

Address: _____

Date of Birth: _____

SS #: _____

Print Name of Individual Requesting Information: _____

Relationship to Patient (check one): Patient Spouse Parent Child

Grandparent Grandchild Aunt/Uncle Legal Guardian

Other _____

Information Requested:

Complete Health Records Physical Exam Lab results

Diagnostic Reports Office Notes Consult Reports

Other (please specify): _____

Requested Information to be: Mail Fax Pick-up

Name: _____

Phone #: _____

Address: _____

Fax #: _____

I certify that the information on this request form is true and accurate to the best of my knowledge, and I shall not use or disclose the information received from Pars Interventional Pain & Wellness Center for any purpose other than listed on this form. I further understand I am bound by the terms of this form and the accompanying authorization (if applicable) until such time that I return the information to Pars Interventional Pain & Wellness Center or destroy all copies of the information in my possession.

Signature of Person Requesting PHI

Date

FOR OFFICE USE ONLY (Initial & Date)

Records Copied: _____

Records Released: _____