

**Talk to your health care provider about how to treat your pain.
Create a safe and effective treatment plan that is right for you.**

Alternatives to Opioids: Medications

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

**Florida
HEALTH**

NON-OPIOID MEDICATIONS	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
<p>Acetaminophen (Tylenol)</p>	<p>Relieves mild-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. <i>Overdoses can cause liver damage.</i></p>
<p>Non-steroidal Anti-inflammatory Drugs (NSAIDs): Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)</p>	<p>Relieve mild-moderate pain, and reduce swelling and inflammation. <i>Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.</i></p>
<p>Nerve Pain Medications: Gabapentin (Neurontin), Pregabalin (Lyrica)</p>	<p>Relieve mild-moderate nerve pain (shooting and burning pain). <i>Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.</i></p>
<p>Antidepressants: Effexor XR, Cymbalta, Savella</p>	<p>Relieve mild-moderate chronic pain, nerve pain (shooting and burning pain) and headaches. <i>Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.</i></p>
<p>Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals</p>	<p>Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Compounded topicals prepared by a pharmacist can be customized to meet a patient's specific needs. <i>Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.</i></p>
<p>Interventional Pain Management</p>	<p>Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. <i>Certain medical conditions and allergies can cause complications.</i></p>
<p>Non-opioid Anesthesia</p>	<p>Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.</p>

Alternatives to Opioids: Therapies

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.
- Treatment targets the area of pain—not systemic.
- Providers are licensed and regulated by the State of Florida.* (apps.mqa.doh.state.fl.us/MQASearchServices)

DISADVANTAGES:

- May not be covered by insurance.
- Relief from pain may not be immediate.
- May not be effective for severe pain.

Sources: American College of Surgeons, Centers for Disease Control and Prevention, National Institutes of Health, the Food and Drug Administration, Harvard Health and Wexner Medical Center (Ohio State University)

THERAPIES	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
<p>Self-care</p>	<p>Cold and heat: Ice relieves pain and reduces inflammation and swelling of intense injuries; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. <i>Too much heat can increase swelling and inflammation.</i></p> <p>Exercise and movement: Regular exercise and physical activity can relieve pain. Simply walking has benefits. Mind-body practices like yoga and tai chi incorporate breath control, meditation and movements to stretch and strengthen muscles. <i>Maintaining daily exercise and overcoming barriers to exercise can be a challenge.</i></p>
<p>Complementary Therapies</p>	<p>Acupuncture: Acupuncturists* insert thin needles into the body to stimulate specific points to relieve pain and promote healing. Can help ease some types of chronic pain: low-back, neck and knee pain, and osteoarthritis pain. Can reduce the frequency of tension headaches. <i>Bleeding, bruising and soreness may occur at insertion sites.</i></p> <p>Chiropractic: Chiropractic physicians* practice a hands-on approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. <i>Aching or soreness in the spinal joints or muscles sometimes happens—usually within the first few hours after treatment.</i></p> <p>Osteopathic Manipulative Treatment (OMT): Osteopathic physicians* use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically-proven to relieve low-back pain. <i>Soreness or stiffness in the first few days after treatment is possible.</i></p> <p>Massage therapy: Massage therapists* manually manipulate muscle, connective tissue, tendons and ligaments. Can relieve pain by relaxing painful muscles, tendons and joints. Can relieve stress and anxiety—possibly slowing pain messages to and from the brain. <i>At certain points during a massage, there may be some discomfort—especially during deep tissue massage.</i></p> <p>Transcutaneous electrical nerve stimulation (TENS): TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. <i>Allergic reactions to adhesive pads are possible.</i></p>
<p>Rehabilitation Therapies</p>	<p>Occupational therapy: Occupational therapists* treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. <i>Therapy interventions and recommendations will not help if the patient does not practice as instructed.</i></p> <p>Physical therapy: Physical therapists* treat pain by restoring, enhancing and maintaining physical and functional abilities. <i>Therapy interventions and recommendations will not help if the patient does not practice as instructed.</i></p>
<p>Behavioral and Mental Health Therapies</p>	<p>Psychiatrists*, clinical social workers*, marriage and family therapists* and mental health counselors* provide therapies that identify and treat mental disorders or substance abuse problems that may be roadblocks to pain management. <i>When used to manage pain, these therapies can take time.</i></p>

CLEARWATER PAIN MANAGEMENT

430 Morton Plant Street, Suite 210
Clearwater, FL 33756
P: 727-446-4506 F: 727-446-4695

7800 66th Street North, Suite 202
Pinellas Park, FL 33781
P: 727-431-7737 F: 727-431-3718

Edward Chen, M.D. Demetrios Kaiafas, M.D. Anil Ladhani, M.D.
Michael Hux, P.A. Alphonso Fontaine, P.A., DHSc

Consent for Chronic Opioid Therapy

Dr. Chen / Kaiafas / Ladhani could prescribe opioid medicine, sometimes called narcotic analgesics, to me for a diagnosis of pain of the back / leg / neck / arm / other.

This decision may be made because my condition is serious or other treatments have not helped my pain.

I am aware that the use of such medicine has certain risks associated with it, including, but not limited to: sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance of analgesia, addiction, and possibility that the medicine will not provide complete pain relief.

I am aware about the possible risks and benefits of other types of treatments that do not involve the use of opioids. The other treatments that may be discussed include: Injections / Surgery / Physical Therapy / Non-Narcotic Medication / No Treatment / Other.

I will tell my doctor about all other medicines and treatments that I am receiving.

I will not be involved in any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. I am aware that even if I do not notice it, my reflexes and reaction time might still be slowed. Such activities include, but are not limited to, using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for him or herself.

I am aware that certain other medicines, such as nalbuphine (Nubain™), pentazocine (Talwin™), buprenorphine (Buprenex™), and butorphanol (Stadol™), may reverse the action of the medicine I am using for pain control. Taking any of these other medicines while I am taking my pain medicines can cause symptoms like a bad flu, called a withdrawal syndrome. I agree not to take any of these medicines and to tell any other doctors that I am taking an opioid as my pain medicine and cannot take any of the medicines listed above.

I am aware that addiction is defined as the use of a medicine even if it causes harm, having cravings for a drug, feeling the need to use a drug, and a decreased quality of life. I am aware that the chance of becoming addicted to my pain medicine is very low. I am aware that the development of addiction has rarely been reported in medical journals and is much more common in a person who has a family or personal history of addiction. I agree to tell my doctor my complete and honest personal drug history and that of my family to the best of my knowledge.

If placed on Methadone, I must be aware that the duration of action of Methadone may be longer than the actual pain relieving effects of this drug. Also, my doctor will obtain an EKG initially and routinely, due to the fact that there may be adverse side effects from higher doses.

I understand that physical dependence is a normal, expected result of using these medicines for a long time. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine is markedly decreased, stopped, or reversed by some of the agents mentioned above, I will experience a withdrawal syndrome. This means I may have any or all of

the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and a flu-like feeling. I am aware that opioid withdrawal is uncomfortable, but not life threatening.

I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. I am aware that tolerance to analgesia does not seem to be a big problem for most patients with chronic pain; however, it has been seen and may occur to me. If it occurs, increasing doses may not always help and may cause unacceptable side effects. Tolerance or failure to respond well to opioids may cause my doctor to choose another form of treatment.

(Males Only) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire, and physical and sexual performance. I understand that my doctor may check my blood to see if my testosterone level is normal.

(Females Only) If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to deliver while taking these medicines, the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

I have read this form or have had it read to me. I understand it in its entirety. I have had a chance to have all of my questions regarding this treatment answered to my satisfaction. By signing this form voluntarily, I give my consent for the treatment of my pain with opioid pain medicines.

Patient Signature: _____ Date: _____

Witness to above: _____ Date: _____

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Long-Term Controlled Substances Therapy for Chronic Pain

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers and barbiturate sedatives is controversial because of the uncertainty regarding the extent to which they provide long-term benefits. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from the physician whose signature appears below or during his or her absence, by the covering physician, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
2. All controlled substances must be obtained at the same pharmacy, when possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is: _____ Phone: _____
3. You are expected to inform our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications you take.
4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
5. You may not share, sell, or otherwise permit others to have access to these medications, including spouses, relatives, or friends.
6. These drugs should not be stopped abruptly. An abstinence syndrome will likely develop.
7. Unannounced urine or serum toxicology screens may be requested at every office visit and your cooperation is required. Failure to comply will result in immediate discharge from the practice. If prescribed medication is not detected in your screening, this may also result in immediate discharge. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.
8. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.
9. Original containers of medications should be brought in to each office visit.
10. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.

11. Medications and prescriptions will not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
12. Early refills will not be given.
13. I will not use alcohol or any illegal substances while on these prescribed medications.
14. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
15. If the responsible legal authorities have questions concerning your treatment, for example, if you were obtaining the medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
16. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.
17. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
18. Please call five (5) business days before you are due for a refill to ensure your prescriptions will be ready.
19. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
20. The risks and potential benefits of these therapies are explained elsewhere [and you acknowledge that you have received such explanation].
21. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand and accept all of its terms.
22. **Any and all violations regarding prescription drugs will be reported to law enforcement and prosecuted to the full extent of the law.**

Physician Signature

Patient Signature

Date

Patient Name (Print)

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March 7, 2016

Dear Patients,

The Florida Department of Medicine has placed into effect laws which govern pain management clinics. Each county has also instituted separate legislation regulating existing pain clinics. These efforts are based on the proliferation of pain clinic 'pill mills' which have created an epidemic of controlled substance abuse in our state and local communities.

Nonetheless, these laws have effected how legitimate pain management practices must conduct their businesses. As a result of these laws, **all patients** who are receiving a Class II or Class III prescription, *must be seen by a physician for an evaluation prior to receiving a refill*. That is, patients can no longer pick up prescriptions at the window, receive more than a month's prescription, or have prescriptions called into the pharmacy. Please be proactive in notifying our office to schedule your monthly office visits. As per past policy, we will not refill prescriptions overnight, on weekends, or on an urgent basis because you did not foresee a need earlier.

In addition, all patients receiving prescriptions are required to submit to drug screening at least twice a year, or more frequently at the physician's discretion. Presence of any illicit substances, **including marijuana**, will require our practice to terminate your prescriptions and refer you to a drug rehabilitation facility.

These most recent laws went into effect October 1, 2010. There very likely will be additional rules and regulations from the state and county which may effect the practice of pain management.

Sincerely,

Edward Chen, M.D.

Demetrios Kaiafas, M.D.

Anil Ladhani, M.D.

Print: _____ Sign: _____

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FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning

A U.S. Food and Drug Administration (FDA) review had found that the growing combined use of opioid medicines with benzodiazepines (Xanax, Valium, Ativan, Klonopin, etc.) or other drugs that depress the central nervous system (CNS) has resulted in serious side effects, including slowed or difficult breathing and deaths. Opioids are used to treat pain and cough; benzodiazepines are used to treat anxiety, insomnia and seizures. In an effort to decrease the use of opioids and benzodiazepines, or opioids and other CNS depressants together, the FDA is adding **Boxed Warnings**, their strongest warnings, to the drug labeling of prescription opioid pain and prescription opioid cough medicines and benzodiazepines.

Per the FDA: **"Health care professionals** should limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. Warn patients and caregivers about the risks of slowed or difficult breathing and/or sedation and the associated signs and symptoms. Avoid prescribing prescription opioid cough medicines for patients taking benzodiazepines or other CNS depressants, **including alcohol.**"

Our recommendations to our patients are that they try to seek alternative medications or methods to replace their benzodiazepine drugs. Please speak with your prescribing physician to address this issue. We reserve the right as a practice to lower or stop opiate pain medications and seek alternative methods to manage your pain.

SIGN NAME: _____

DATE: _____

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Notice of Privacy Practices

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment Reminders. Your health information will be used by our staff to send you appointment reminders and provide information to you regarding your medical condition.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Clearwater Pain Management Associates Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Christy Sullivan, Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Patient Portal

Patients have access to their medical information through our patient portal system. We invite our patients to actively participate in their care with access to their health information. Registering through our office, patients are provided with a passcode to gain access to their health information. Once on the patient portal site, patients will change their passcode to a unique and continued secure access.

Complaints

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to:

Christy Sullivan - Office Manager
Clearwater Pain Management Associates
430 Morton Plant Street, Suite 210
Clearwater, Florida 33756

You will not be penalized or otherwise retaliated against for filing a complaint.

Patient Signature

Date

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Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been offered the opportunity to obtain a Notice of Privacy Practices from Clearwater Pain Management Associates, Inc.

I consent to receive calls or text messages from Clearwater Pain Management Associates, for my protected healthcare and other services at the phone number(s) listed below:

I understand that such calls may be generated by an automated dialing system.

Signature of Patient/Authorized Representative

Date

Printed Name of Patient/Authorized Representative

Date

If authorized representative, relationship to patient: _____

Witness Signature

Date

I ___ request ___ decline the Notice of Privacy Practices.

Signature

Date

I ___ request ___ decline to receive calls or text messages.

Signature

Date

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, _____, _____
Patient's Full Name Date of Birth Social Security Number

hereby authorize _____
Name and Address of Facility Releasing Records

to release medical, including HIV antibody testing, psychiatric/psychological, alcohol and/or drug abuse information contained in my records to:

Facility/Individual & Relationship: _____

Address: _____

Phone Number: _____ Fax Number: _____

For the purpose of: _____

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.

I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

This Authorization will expire in one year unless otherwise specified.

A copy of this authorization is as valid as the original.

Patient Signature

Date

Parent, Legal Guardian or Authorized Representative

Relationship to Patient

Date

Witness

Date