

SPACE COAST PAIN INSTITUTE

Stanley Golovac, M.D. **Richard E. Gayles, M.D.**

Board Certified Anesthesiology and Pain Management

Phone: 321-784-8211

Fax: 321-394-9425

Prescription and Personal Health Information Release Authorization

I, _____, give permission for the following person to pick up prescriptions and or any of my personal health information, to include super sensitive information on my behalf. I understand that no prescriptions will be released other than to the person listed below.

*Please Note. They will be required to have their driver's license with them. This includes insurance and or financial information about my account.

I understand that the information in my record may include protected health information (PHI) regarding the following:

- _____ Behavioral or Mental health services
- _____ Treatment for alcohol and/or drug abuse
- _____ Sexually transmitted diseases
- _____ AIDS/HIV

1. Name: _____

Relationship: _____

Phone number: _____

I acknowledge receipt of HIPAA and Privacy Practice Laws.

Patient's Signature

Date