		304 Insperon Drive Grovetown, GA 30813 Phone: 706-222-4559 Fax: 706-400-6493 info@aviatorpain.com

HIPAA Authorization

First Name: _____________________________________Last Name:______________________________________

Aviator Pain & Spine, LLC place utmost importance on your privacy. We will not disclose your protected health information to any party without your signed consent, except under situations mentioned in our Notice of Privacy practices. This form authorizes Aviator Pain & Spine, LLC to release your medical information to the parties you have designated below.

By signing below, I authorize Aviator Pain & Spine, LLC, its agents and employees, to use and/or disclose any and all of my protected health information of any kind or description to the following Parties ("Recipients"):

Recipient Full Name	**Relationship**

Printed Name: ____/Signature:____________________________________

If patient is minor, Guardian's Printed Name:___________________________/Signature:___________________________

Date: