



# Palmetto

Spine & Pain Care Consultants

Stephen E. Boatwright, M.D.

4736 Highway 17 Bypass South. Myrtle Beach, SC 29588

Phone: (843) 213-2039 Fax: (843) 293-2454

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I request and authorize: \_\_\_\_\_ to release  
the healthcare information of patient named above to:

Palmetto Spine and Pain Care Consultants  
Stephen E. Boatwright, M.D.  
4736 Highway 17 Bypass S  
Myrtle Beach, SC 29588

This request and authorization applies to:

\_\_\_\_\_ - Healthcare information relating to the following treatments, conditions, or  
dates: \_\_\_\_\_

\_\_\_\_\_ - ALL other healthcare information

\_\_\_\_\_ - Other: \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO I authorize the release of my STD results, HIV/AIDS  
testing, weather positive or negative to the person listed above. I understand that  
the person(s) listed above will be notified that I must give specific written  
permission before disclosure of these test results to anyone.

\_\_\_\_\_ YES \_\_\_\_\_ NO I authorize the release of my record regarding drug,  
alcohol, or mental health treatment(s) to the person(s) listed above.

Date Signed: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_