CSP
COASTAL SPINE & PAIN

150 W. Peachtree Avenue • Foley, Alabama 36535
Telephone (251) 291-2311 • Facsimile (888) 894-5212 • www.coastal-spine.com

Authorization for Release of Protected Health Information

Complete every section. An incomplete form cannot be processed.

Read First — Care You Received Before July 1, 2026

This form reaches only the records held by Coastal Spine & Pain, LLC. If any part of the care you are seeking took place before July 1, 2026, or took place at Baldwin Health or a Baldwin Health practice, those records belong to Baldwin Health and must be requested from Baldwin Health directly. This is true even if the same physician treated you and even if you have been a patient for many years. See Section 9 for the full explanation and the hospital's contact information.

SECTION 1 • PATIENT INFORMATION

PATIENT LEGAL NAME (LAST, FIRST, MIDDLE) _____

DATE OF BIRTH _____

LAST 4 OF SOCIAL SECURITY NO. _____

ANY FORMER OR OTHER NAMES USED _____

TELEPHONE _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

SECTION 2 • WHAT YOU ARE ASKING US TO DO

Check one. If you need records both sent and obtained, complete a separate form for each.

☐ RELEASE — Send my Coastal Spine & Pain records TO the person or organization named in Section 3.

☐ OBTAIN — Request my records FROM the person or organization named in Section 3 and place them in my Coastal Spine & Pain chart.

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SECTION 3 • THE OTHER PERSON OR ORGANIZATION

NAME OF PERSON OR ORGANIZATION

ATTENTION / DEPARTMENT

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

FAX

SECTION 4 • RECORDS TO BE RELEASED

DATES OF SERVICE — FROM

DATES OF SERVICE — TO

OR CHECK HERE FOR ALL DATES

Check each item to be included:

- ☐ Complete Coastal Spine & Pain chart
- ☐ Office and progress notes
- ☐ Procedure notes and operative reports
- ☐ Imaging reports (written interpretations — not the images themselves)
- ☐ Laboratory results, including urine drug screen results
- ☐ Current medication list and prescription history
- ☐ Consultation letters and referral correspondence
- ☐ Outside records received from other providers and filed in my chart
- ☐ Other (describe): _____

Billing and account statements are maintained separately from the medical record. Ask the front desk if you need billing information.

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SECTION 5 • SPECIALLY PROTECTED INFORMATION

Federal and Alabama law give the categories below additional protection. They will NOT be released unless you place your initials on the corresponding line. Leave a line blank to withhold that category.

_____ Substance use disorder diagnosis and treatment records (42 C.F.R. Part 2)

_____ Mental or behavioral health treatment records

_____ Testing or treatment for human immunodeficiency virus, acquired immunodeficiency syndrome, or sexually transmitted disease (Ala. Code § 22-11A-38)

_____ Genetic testing results and genetic information

Psychotherapy notes, as that term is defined at 45 C.F.R. § 164.501, cannot be released using this form and require a separate written authorization.

SECTION 6 • PURPOSE OF THE RELEASE

☐ Continuing treatment by another health care provider

☐ My own personal use

☐ Insurance, disability, or benefits claim

☐ Attorney or legal matter

☐ Employer

☐ Other (describe): _____

SECTION 7 • HOW THE RECORDS SHOULD BE DELIVERED

☐ Secure patient portal

☐ United States mail to the address in Section 1 or Section 3

☐ Facsimile to the number in Section 3

☐ Encrypted electronic mail to: _____

☐ Pick up in person at our office — government-issued photo identification required

Unencrypted electronic mail and ordinary facsimile are not secure. If you select either method, you accept the risk that the information may be seen by someone other than the intended recipient.

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SECTION 8 • EXPIRATION OF THIS AUTHORIZATION

This authorization expires one year from the date you sign it, unless you write an earlier date or event below.

EARLIER EXPIRATION DATE _____

OR EXPIRATION EVENT _____

SECTION 9 • WHICH RECORDS WE HOLD AND WHICH WE DO NOT

Coastal Spine & Pain, LLC is a separate and independent practice. It opened on July 1, 2026. It is not a continuation of, a successor to, or a custodian of the records of any hospital, hospital-owned practice, or prior employer. The fact that the same physician treated you before that date does not change who holds those records.

What we maintain. Our medical record for you begins with your first visit to Coastal Spine & Pain on or after July 1, 2026. It contains our office notes, our procedure notes, results of testing we ordered, and any outside records we requested and filed in your chart. Everything in that record is available to you under this form.

What Baldwin Health maintains. Care you received before July 1, 2026 at Baldwin Health or at any Baldwin Health practice — including its pain management department, and regardless of which physician saw you or how long you have been a patient — is documented in Baldwin Health's own medical record. That record is the property of Baldwin Health and remains in its custody. We do not hold it, we cannot release it, and this form does not reach it.

One clarification. If we requested and received copies of your prior records during your care with us, those copies are part of our chart and we will provide them to you on request. What we cannot provide is the complete prior record, and we cannot certify it as complete. For a complete and certified set, you must go to Baldwin Health.

How to Request Records From Baldwin Health

Baldwin Health — Health Information Management
1613 N. McKenzie Street, Foley, Alabama 36535
Telephone (251) 949-3535 • Facsimile (251) 949-3919
Online: baldwinhealth.com — Patients & Visitors — Request Medical Records

SECTION 10 • HOW LONG WE KEEP RECORDS

Alabama requires a physician practice to retain a patient's medical record for not less than seven years from the last professional contact with the patient. Records of patients treated as minors are retained for not less than two years after the patient reaches age nineteen, or seven years from the last professional contact, whichever is longer. Imaging studies are retained for not less than five years. These requirements appear at Alabama Administrative Code rule 540-X-9-.10.

Coastal Spine & Pain retains records for at least these periods. We do not destroy any record that is the subject of a known dispute, claim, audit, subpoena, or investigation, regardless of its age.

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SECTION 11 • YOUR RIGHTS — PLEASE READ BEFORE SIGNING

1. **You may revoke this authorization at any time.** Revocation must be in writing and delivered to the Privacy Officer at the address at the top of this form. Revocation does not undo any disclosure already made in reliance on the authorization before we received your revocation.
2. **We will not condition your treatment on signing this form.** Your care, your appointments, and your prescriptions do not depend on whether you sign. We may, however, decline to send records to a third party if you do not authorize it.
3. **Information disclosed may be redisclosed.** Once information leaves this practice the recipient may not be bound by federal privacy law and the information may lose its protection. Substance use disorder records released under 42 C.F.R. Part 2 may not be redisclosed without your further written consent except as that regulation permits.
4. **You are entitled to a copy of this form.** A signed copy will be given to you or sent to you.
5. **Fees.** There is no charge when records go directly to another provider for your continuing care. Otherwise a reasonable cost-based fee permitted by federal and Alabama law may apply, and you will be told the amount before records are produced. Fees for completing forms and letters are separate and appear in our Schedule of Fees for Forms, Letters, and Administrative Documents.
6. **Turnaround.** We will act on your request within thirty days. If more time is needed we will notify you in writing and state the reason.

SECTION 12 • SIGNATURE

I have read this form, including Section 9 regarding records held by Baldwin Health. I understand what I am authorizing, and I sign this authorization voluntarily.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE _____ DATE SIGNED _____

PRINTED NAME OF PERSON SIGNING _____ RELATIONSHIP TO PATIENT, IF NOT THE PATIENT _____

IF SIGNING AS PERSONAL REPRESENTATIVE, DESCRIBE YOUR LEGAL AUTHORITY (ATTACH DOCUMENTATION)

_____

OFFICE USE ONLY

Identity verified by: ☐ Photo identification ☐ Known to staff ☐ Verified by telephone

DATE RECEIVED _____ STAFF MEMBER _____ DATE COMPLETED _____ FEE COLLECTED _____

METHOD SENT _____ SENT TO (CONFIRM MATCH TO SECTION 3) _____ COPY PROVIDED TO PATIENT (INITIAL) _____

Return this form to Coastal Spine & Pain, LLC, 150 W. Peachtree Avenue, Foley, Alabama 36535, or by facsimile to (888) 894-5212.