

# University Orthopedics

## Authorization for Release of Information

Patient Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**I hereby authorize Dr. \_\_\_\_\_ to release information from my medical record as indicated below to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Phone:** \_\_\_\_\_

**Purpose of Disclosure:**

Continuing Care  Insurance

Worker Comp  Attorney

Social Security

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

Please Specify

**Information To Be Released:**

Dates:

History & Physical Exam \_\_\_\_\_

Office Notes \_\_\_\_\_

Physical Therapy Notes \_\_\_\_\_

X-Ray & Lab Reports \_\_\_\_\_

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

I specifically authorize the release of information relating to:

Substance abuse (including alcohol/drug)

Mental health (including psychotherapy)

HIV related information

\_\_\_\_\_  
Signature of Patient or Legal Guardian / Date

1. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken in reliance upon it.
2. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by Federal privacy regulations.
3. This authorization for disclosure of information is effective for one year from the date signed. This informed consent is subject to revocation at any time by written notification only.
4. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.

\_\_\_\_\_  
Signature of Patient / Date or Parent or Legal Guardian / Date  
Relationship to Patient: \_\_\_\_\_

**For Office Use Only**

Date Request Filled: \_\_\_\_\_ By: \_\_\_\_\_

Identification Presented: Yes/No

Fee Collected: \$ \_\_\_\_\_

Circle: Faxed Mailed Picked Up