



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: _____

Date of Birth: _____ **Phone:** _____

Address: _____

I authorize: Perkins Spine & Sports Medicine to Release Records Request Records

Medical facility information:

Facility/Person: _____

Phone: _____ **Fax:** _____

Address: _____

Information to be released (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Office visit notes | <input type="checkbox"/> Medication list |
| <input type="checkbox"/> Imaging reports | <input type="checkbox"/> Billing records |
| <input type="checkbox"/> Physical therapy notes | <input type="checkbox"/> Entire medical record |
| <input type="checkbox"/> Operative reports | <input type="checkbox"/> Other: _____ |

Purpose of Release (check one):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Continuity of care / Treatment | <input type="checkbox"/> Personal use |
| <input type="checkbox"/> Insurance / Billing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Legal | |

Delivery Method:

Fax

Mail

Secure Email

Patient Pickup

This authorization will expire (check one):

On date: _____

90 days from signature

One year from signature

Ongoing, withdrawn upon written request

HIPAA REDISCLOSURE STATEMENT

I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations. I understand that I have the right to revoke this authorization at any time by submitting a written request to Perkins Spine & Sports Medicine. Revocation will not apply to information that has already been released in reliance on this authorization. I understand that signing this authorization is voluntary and that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this form.

Patient or Legal Representative Signature: _____

Printed Name: _____

Relationship (if not patient): _____

Date: _____