

Greater Washington Orthopaedic Group, PA
A Division of The Centers for Advanced Orthopaedics

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print patient's full name)

Birth date (Mo/Day/Yr)

(Street address)

Social Security Number

(City, state, zip code)

Phone (Home)

At the request of the individual, I _____, do hereby authorize _____ to release medical records
(patient's name)

_____ HISTORY & PHYSICAL	_____ LABORATORY REPORTS	_____ OTHER _____
_____ PROGRESS NOTES	_____ RADIOLOGY REPORTS	_____
_____ OPERATIVE NOTES	_____ EMERGENCY REPORTS	_____

INFORMATION RELEASE TO:

Name of Company/Agency/Facility/Person

Street address

City, state, zip

PURPOSE OF DISCLOSURE:

_____ REFERRAL TO SPECIALIST	_____ INSURANCE	_____ WORKERS COMP	_____ CHANGE OF DOCTOR
_____ LEGAL INVESTIGATION	_____ DISABILITY DETERMINATION	_____ PERSONAL	_____ OTHER _____

I hereby authorize disclosure of the health information for the above named patient. I authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

**Signature of individual or guardian or
Personal Representative of patient's estate**

Date

NOTE: Federal and state laws permit a fee to be charged for the copying of patient records. HealthPort has been contracted to provide the service of medical records request. HealthPort can be reached at 1-800-367-1500.