

Orthopedic Surgical Consultants, P.A.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

INSTRUCTIONS

*Make sure all blanks are filled in; failure to do so may prevent or delay release of information.
Read our policy about obtaining copies of medical records printed at the bottom of this form.
The release of records or information may be subject to change.*

**PATIENT
INFORMATION**

Name _____ DOB _____ SS# _____
Address _____
Phone (H) _____ Work _____ Cell: _____

**RELEASING
FACILITY OR
PHYSICIAN:**

Orthopedic Surgical Consultants, P.A. 1601 St. Francis Ave, Suite 200 Shakopee, MN 55379
Provider Name: _____

**RELEASE
INFORMATION
TO:**

Name _____
Address _____

**INFORMATION
TO BE
RELEASED**

- Physician Notes
- Medical History
- X-Ray Reports
- X-Ray Films
- Operative Reports
- My records relating to the diagnosis and/ or treatment for alcoholism and/ or drug abuse/ dependence, mental health, or HIV/ AIDS may be release tot the recipient noted on the consent above.
- Laboratory Reports
- Diagnostic Test Reports
- Information for the completion of the attached form
- Other _____

**EXTENT OF
INFORMATION
TO BE
RELEASED**

- Including all dates of treatment
- Treatment for specific injury relating to _____
- Between dates of _____ to _____
- Only records of Dr. _____

REASON

- Patient's own review
- Moving
- Insurance claim payment or application
- Appointment with another MD (Date of appointment: _____)
- Legal (Explain) _____
- Other _____

I understand that this authorization will remain in effect one year form the date of signature. I also understand that it may be revoked by me, in writing, at any time but would not apply to any information already released in good faith.

X _____
Signature of patient, parent of minor, or legal representative Date

RECORDS FROM OTHER FACILITIES: It is the policy of Orthopedic Surgical Consultants, P.A. to release only medical information documented/ dictated by Orthopedic Surgical Consultants, P.A. health care providers. If you have been treated by other health are providers and facilities, please contact them and make arrangements to release any additional information you may need.

**1601 St. Francis Avenue, Suite 200 Shakopee, MN 55379
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