

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

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

City, State, Zip: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_

(Name of Healthcare Facility)

to release my records to: **Bayside Orthopaedic, Sports Medicine & Rehabilitation Center**

P.O. Box 1186 Fairhope, AL 36532

Phone: 251-928-2401 Fax: 251-928-5099

**\*\*\*\*This consent and authorization may include, but is not limited to the release of medical, psychological, psychiatric, alcohol, drug abuse, and HIV/AIDS information.\*\*\*\***

Reason for the request: \_\_\_\_\_

**\*\* (If you want all the records to be released please Initial on the line next to ALL records to be released.)\*\***

\_\_\_\_\_ All records to be released

\_\_\_\_\_ Records as of (enter date): \_\_\_\_\_

\_\_\_\_\_ Complete records regarding treatment in connection with: \_\_\_\_\_

**OR**

Specific information. The specific information to be released includes: (Please check all that apply.)

\_\_\_\_\_ Progress notes

\_\_\_\_\_ X-rays on CD/films/reports

\_\_\_\_\_ History and Physical

\_\_\_\_\_ Nurses' notes

\_\_\_\_\_ Lab/Path reports

\_\_\_\_\_ Operative reports

\_\_\_\_\_ Physical Therapy notes

\_\_\_\_\_ MRI/CT reports

\_\_\_\_\_ Discharge Summaries

\_\_\_\_\_ Physicians' orders

\_\_\_\_\_ Bone Scan reports

\_\_\_\_\_ Consultations

Other (please describe): \_\_\_\_\_

I understand that this consent is revocable, except to the extent that action has already been taken in reliance thereon, and that this consent will remain in force for one year unless otherwise noted here.

(enter term of consent if other than on year: \_\_\_\_\_)

**Signature of Patient/Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship if not patient: \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Any disclosure of medical record information by the recipient(s) is prohibited except when implicit in the purposes of this disclosure.*

\_\_\_\_\_ First request

\_\_\_\_\_ Second request

\_\_\_\_\_ Third Request

