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AUTHORIZATION TO DISCLOSE MEDICAL RECORDS

No records will be released unless the authorization form is complete, dated and signed by the patient or by a person authorized by law to give this authorization.

I authorize South Coast Orthopaedic Associates to release a copy of the medical information for:

I authorize _____
NAME OF PROVIDER ADDRESS CITY STATE ZIP PHONE NUMBER
to release a copy of the medical information for:

NAME OF PATIENT / DATE OF BIRTH / SOCIAL SECURITY NUMBER

OTHER PREVIOUS NAMES (MAIDEN, MARRIED, ETC.) _____

Choose only **one** of the two below:

1. This authorization is limited to the following treatment (name body part) _____

2. This authorization is limited to the following time period (please be specific) _____

Mail the records to the following address: Fax: _____

INITIALING the spaces below, I specifically authorize the release of the following medical records, if such records exist:

_____ Clinician Office Chart Notes _____ Diagnostic Imaging **Reports** (X-Ray, MRI)
_____ Laboratory Reports _____ Diagnostic Imaging **Discs** (X-Ray, MRI)
_____ Operative Reports _____ Pathology Reports
_____ Other _____
_____ HIV/AIDS Related Records (Must be initialed to be included in other documents.) **Validity Date** _____
_____ Mental Health Information (Must be initialed to be included in other documents.) **Validity Date** _____
_____ Genetic Testing Information (Must be initialed to be included in other documents.) **Validity Date** _____
_____ Drug/Alcohol Diagnosis, Treatment or Referral Information (Federal Regulation, 42 CFR Part 2, requires a description of how much and what kind of information is to be disclosed.)
Validity Date _____

This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, this consent will expire **180** days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

DATE SIGNED SIGNATURE OF PATIENT OR PERSON AUTHORIZED BY LAW

DATE SENT