OSC
Premier Bone and Joint Surgeons
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Spokane, WA 99218
509-466-6393 Fax: 509-466-3072
www.orthospecialtyclinic.com

(PLEASE READ THE ENTIRE BACK HALF OF THIS RELEASE FOR MORE INFORMATION)

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

PLEASE CHECK THE BOX THAT APPLIES

- ☐ **TRANSFER OF CARE:** _____
- ☐ **2ND OPINION:** _____
- ☐ **ATTORNEY:** _____
- ☐ **INSURANCE CLAIM:** _____
- ☐ **OTHER:** _____
- ☐ **I.M.E.**
- ☐ **CHANGE OF INSURANCE**

Information to be released:

- ☐ **CHART NOTES**
- ☐ **X-RAYS** *(X-rays are part of the patients permanent record and must be returned)*
- ☐ **OTHER:** _____

Patient Name: (Please Print) _____

Date of Birth: _____/_____/_____

I HEREBY REQUEST AND AUTHORIZE ORTHOPAEDIC SPECIALTY CLINIC TO RELEASE MEDICAL RECORDS TO THE FOLLOWING:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Signature: _____ Date: _____/_____/_____

(Patient or Legal Guardian) *I HAVE READ BOTH SIDES AND FULLY UNDERSTAND & AGREE WITH ALL STIPULATIONS OF THIS DOCUMENT*

FOR ORTHOPAEDIC SPECIALTY CLINIC OFFICE PERSONEL USE ONLY

- ☐ Faxed
- ☐ Mailed
- ☐ Hand Carried
- ☐ At Front Desk

Date: ___/___/___ Initials: _____

*****$20.00 MINIMUM FEE FOR COPIES OF MEDICAL RECORDS*****

I understand that my express consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (Aids Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug/or alcohol use. You are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

Note: A patient 14 years of age and over must sign for release of their records regarding HIV, STD (sexually transmitted diseases), pregnancy testing/reproduction rights or sexuality rights. A patient 13 years of age and over must sign for release of their records regarding drug or alcohol testing, psychiatric or mental health treatment. "This information has been disclosed to you from records whose confidentiality is protected by law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general release of medical or other information is NOT sufficient for this purpose."

X-RAYS ARE PART OF OSC'S PERMANENT RECORD & *MUST* BE RETURNED

FEE DISCLAIMER

Note: A physician must provide a copy of the record to the patient if requested. Physicians may charge a reasonable fee for copying records and are allowed to collect the fee prior to releasing the copy. If a physician spends time editing a record or providing an explanation to the patient, he or she may charge for a basic office visit. Records sent directly from our office to another providers office may be free of charge.

*****$20.00 MINIMUM FEE FOR COPIES OF MEDICAL RECORDS*****