

The Authorization for Release of Medical Information is a two-sided form that you must fill out in its entirety to be valid.

**SIDE 1:**

1. **Patient Name** – ALL FIELDS must be completed
  
2. **Disclosed By** - This is for designating who is to be RELEASING medical records.
  - To have Bone & Joint Clinic records released – Check Box 1
  - To have Bone & Joint Surgery Center records released – Check Box 2
  - To have both Clinic and Surgery Center records released – Check Box 1 & 2
  - For us to request records from another facility/provider – Check Box 3 (Other)  
If “Other” is checked, fill in the following information below that box:
    - Name (e.g. other health facility, other physician, etc.)
    - Address
    - City, State, Zip Code
    - Phone No.
    - Fax No. (If known)
  
3. **Disclosed To** - This is for designating individual or facility that is to be RECEIVING the medical records. Complete all fields:
  - Name
  - Address
  - City, State, Zip Code
  - Phone No.
  - Fax No. (if known)
  
4. **Information to Be Used or Disclosed** – Check only those specific items that you wish to receive or have released. **DO NOT LEAVE BLANK.**

**Disclosures Requiring Special Consent – MUST BE INITIALED IF YOU ARE ALLOWING RELEASE OF THESE RECORDS** (Drug/Alcohol Abuse/Treatment; Mental/Behavioral Health Records; HIV Test Results)

**For the Following Dates of Service – MUST BE COMPLETED**

**Delivery Method Preferred – CHECK ONLY THOSE BOXES THAT APPLY**

5. **Purpose or Need for Disclosure** – CHECK ONLY THOSE BOXES THAT APPLY

**SIDE 2:**

**Expiration** – If left blank, authorization will expire one year from date signed. If entering a different expiration date do not enter today's date as this will void the authorization.

**Signature of Patient OR Person Legally Authorized to Sign for Patient** – Must be signed

**Date** – Must have current date entered

**Print Name of Person Signing Above** – Must have printed name of person signing

**If signed by person other than Patient, check reason and authority to do so** – Must be checked for both “Patient is” field and “Legal Authority” field if authorization signed by someone other than patient

**For Organization Use Only** – **Completed by Bone & Joint Staff** (e.g. Registration, etc.) who receive the completed authorization.