



**NEEDED FOR THE APPOINTMENT DATE OF:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize release of my medical records in accordance with the specifications listed above. I understand that this authorization to release/discuss information does not expire unless I specify an expiration date here: \_\_\_\_\_.

If applicable, this authorization includes release of any records regarding psychiatric care, alcohol and/or drug abuse, or AIDS-related disease diagnosis unless otherwise specified in writing.

A photocopy of this authorization shall be considered as valid as the original.

I understand that I may revoke this authorization by sending a written request for revocation to OFC's Privacy Officer at any time. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I understand that once this information is disclosed to a third party, the information may be re-disclosed by the person or entity that receives the information and may no longer be protected by federal privacy regulations.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

---

(Date) (Signature of Patient/Parent/Guardian or Authorized Representative)

---

(Date) (Signature of OFC Witness)

**Fee Information:**

Patient Requests

*As a courtesy to our patients, The Orthopaedic & Fracture Clinic does not charge patients for a personal copy of their medical records or records requested for continuity of care.*

Third Party Requests

The Orthopaedic & Fracture Clinic does contract with a medical records service to copy and provide medical requests from our office. The medical records service reserves the right to charge the applicable medical record state fee structure as set forth in the state statute or a reasonable, cost-based fee. Copy charges plus postage will be invoiced to the requestor from the medical records service with all of the necessary directions to receive the records.