

## RECORD RELEASE AUTHORIZATION

By signing this permission form, I allow Orthopaedic Associates of Marlborough to send a copy of my medical records to:

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

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

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Medical Records to be sent (check one):**

- All of my medical records
- Only the following medical records

\_\_\_\_\_

**Reason why I am giving my permission to send medical records (check one):**

- My new doctor needs them
- My lawyer needs them
- Other \_\_\_\_\_
- Insurance
- Personal

**I understand that:**

- This permission form is only good for one year from the date I sign it.
- I may cancel my permission at any time. I need to write you a letter to cancel my permission. I need to bring or mail this letter to Orthopaedic Associates of Marlborough. I understand that Orthopaedic Associates may send my records before I cancel this permission. There is nothing that can be done about that.
- I do not need to sign this permission form to get medical treatment.
- I do not need to sign this permission form at all.
- I am allowed to get a copy of this permission form.
- I am allowed to look at my records or get a copy of my records before they are sent. The person who received my records may not be required to protect my information and may share my information with others without my permission.
- I will be charged a copying fee of up to \$40 for records.

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Special Medical Records**

Some medical records have special protections. We need your specific permission to send the medical records listed below. Sign below to give permission to send these special medical records. Please check the box next to the special medical records you give us permission to send.

- Drug and alcohol abuse records
- Mental health records
- HIV/AIDS records
- Sexual abuse/assault and domestic violence records
- Sexually-transmitted disease records

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_