Bay Foot & Ankle Center

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PATIENT INFORMATION

Patient Name: _____ Date of Birth: / /

Street Address: _____

City: State: Zip Code: Phone: ( ) -

RECIPIENT INFORMATION

Recipient Name: _____

Relationship to Patient: _____

Address: _____

City: State: Zip Code: Phone: ( ) -

MEDICAL INFORMATION TO BE RELEASED:

Please check the appropriate box(es):

- ☐ Entire medical record, including XRay imaging
- ☐ Laboratory reports
- ☐ XR imaging only (our office uses digital imaging)
- ☐ Operative reports
- ☐ Office visit notes
- ☐ Other (Please Specify): _____

Purpose/Need: _____

Charges:

Pages 1-25: $1.00 per page

Pages 26-50: $0.60 per page

Pages 51+: $0.30 per page

X-Ray's: $8.00 per XRay

I would like to arrange for the transfer of records to be made by:

- ☐Patient pick up records from Bay Foot and Ankle Center main office
- ☐E-mail to the following address: Email: _____
- ☐Faxed to the recipient: Fax: ( ) -
- ☐Mailed to the recipient:
  - Recipient's Phone: ( ) -
  - Recipient's Street Address: _____
  - City: State: Zip Code:

I authorize Bay Foot and Ankle Center to release the above patient's medical information to the recipient as indicated in this form. I understand that this consent is valid for 90 days from the date of signature. I understand that this consent may be revoked at any time by giving written notice to Bay Foot and Ankle Center of my choice except to the extent that Bay Foot and Ankle Center has already acted in reliance to this contract. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by law. This authorization will automatically expire when the information requested has been released if I have given no prior notice as stated above. I understand I have the right to review and obtain the information to be disclosed.

_____ x_____ ____/ /____

Patient or Legal Guardian Name Signature Date

We require a minimum of five business days after receipt of signed release to process request.