

ORTHOPAEDIC BONE & JOINT SPECIALISTS, P.A.

Alan L. Altman, M.D.

William J. Chesnut, M.D.

Roya Mirmiran, M.D.

AUTHORIZATION FOR RELEASE OF MEDICAL
AND PSYCHIATRIC RECORDS

_____, herein after "RELEASOR" hereby authorizes Orthopedic Bone & Joint Specialist, P.A. and _____, to release any and all medical records including but not limited to psychological, psychiatric, alcohol and drug treatment records and laboratory reports including HIV testing data to _____.

This authority to release includes, but is not limited to: medical reports, clinical notes, nurse's notes, history of injury, subjective and objective complaints, x-rays, x-ray reports, interpretations of a diagnostic test (including a copy of the report), diagnosis and prognosis; if applicable, emergency room records or logs, history of physical examination reports, laboratory reports, tissue committee reports, reports of operation, operation log, progress notes, doctor's orders, physical therapy records, admission and discharge summaries and all out-patient records; hospital bills, bills for the services you have rendered, bills for medication and so forth, and any other documentation, records or information in your possession relative to my past, present or future physical and mental condition.

IN ADDITION, IT IS SPECIFICALLY ACKNOWLEDGED BY RELEASOR THAT SUCH RECORDS MAY INCLUDE AND/OR CONTAIN REFERENCE TO ANY OR ALL OF THE FOLLOWING SUBJECTS AND RELEASOR, BY HIS/HER SIGNATURE APPEARING HEREIN BELOW, NONETHELESS DIRECTS THAT ALL OF THE FOLLOWING MATERIALS ALSO BE RELEASED AS SPECIFIED HEREIN.

(A) Any and all medical records/reports/documentary materials/tangible materials which relate, in any way, to the drug/alcohol/substance abuse history if any of _____.

(B) Any and all medical records/reports/documentary materials/tangible materials which relate, in any way, to the emotional/mental health/psychiatric condition, if any, of _____.

(C) Any and all medical records/reports/documentary materials/tangible materials which relate, in any way, to the Human Immune Deficiency Virus (HIV) infection/testing and/or to Acquired Immune Deficiency Syndrome (AIDS), if any, in the case of _____.

The information which relates to Section (C) is to be released under Section 24-2B-7 and this authorization to release the information to _____ is subject to the following statement: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits your from making further disclosure of such information without specific written consent of the person to whom the information pertains or is otherwise permitted by state law.

A photocopy of this authorization, which contains my signature shall be considered as effective and valid as the original and shall be honored by those to whom it is provided.

Dated: _____ RELEASOR: _____