



ORTHOPAEDIC BONE & JOINT SPECIALISTS, P.A.

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Medical Records Policy & Permission for Release of Information

- In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Orthopaedic Bone & Joint Specialists, P.A. requires your written consent before disclosing any personal health information.
- Your consent to share this information may be revoked in writing at any time, so long as the notification to revoke is signed and dated.
- Any information shared pursuant of this consent may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA privacy rule.
- A patient's complete medical record includes information generated and maintained by the physician, as well as information provided to the physician by the patient, by any other physician who has consulted with or treated the patient, and other information acquired by the physician about the patient in connection with the provision of health care to the patient.
- It is important you are aware of our Medical Records Policies. If you require printed copies of your records, there is a fee (see below). If there is a deadline and you require your records by a specific date, please give our Medical Records Department (Ext 106) ample time to process your request. Typically 10-14 days from the date of your request to completion is necessary.
- If you would like another Physician to have your records there is no charge if sent by Fax, (except X-ray Copies) however we ask you submit your request well in advance of date needed as the 10-14 day processing time is still in effect.
- If you have a special circumstance and the records are required urgently, please do not hesitate to contact our Medical Records Department (Ext 106), and we will be happy try and accommodate your needs.
- Charge for release of medical record is \$30.00 for the first 15 pages or \$2.00 per page up to the first 15pages, and \$0.25 per page thereafter.
- All Fees are collected in advance.
- X-ray copying fees are \$10.00/per sheet.
- Shipping and Handling fees are separate

Patient name: (Print Full Name) _____ DOB: _____

Do hereby request the release of the following health record(s) from Orthopaedic Bone & Joint Specialists or To Orthopaedic Bone & Joint Specialists.

All Medical Records & or Progress notes-list dates Operative Report(s)-list dates Other-Please specify

Dates: _____

This information is to be released: To or From (circle one)

| | |
|---------------------|--|
| Name | |
| Purpose for release | |
| Address | |
| Telephone | |
| Fax # | |

 Patient Signature Date

 Patient Authorized Representative & Description of Authority Date