ARTHRITIS ASSOCIATES, PLLC
AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Address: _____
Street
_____PH:_____
City, State and Zip Code

I AUTHORIZE RELEASE OF PROTECTED HEALTH INFORMATION AS NOTED BELOW. I UNDERSTAND AND AGREE I AM FINANCIALLY RESPONSIBLE FOR REASONABLE FEES ASSOCIATED WITH MY REQUEST AND THESE FEES MUST BE PAID PRIOR TO PROCESSING OF MY REQUEST. Please send the following Protected Health Information for the period marked:

_____/_____/_____ to _____/_____/_____ OR _____/_____/_____only.

☐ Progress Notes ☐ Lab Reports ☐ X-Ray Reports ☐ All available records
☐ Hospital Records
☐ Other (specify) _____

PURPOSE OF RELEASE ☐CONTINUUM OF CARE ☐INSURANCE ☐BILLING ☐LEGAL
☐ OTHER (LIST) _____

RELEASE INFORMATION TO: Attention: _____

Address: _____
Street
_____
City, State, Zip

PH: _____FAX:_____

THIS AUTHORIZATION WILL EXPIRE ON_____ OR NO LONGER THAN 90 DAYS FROM DATE SIGNED. I FURTHER UNDERSTAND I MAY REVOKE THIS AUTHORIZATION AT ANY TIME EXCEPT TO THE EXTENT ACTION HAS ALREADY BEEN TAKEN. TO REVOKE AUTHORIZATION, A SIGNED, WRITTEN REQUEST MUST BE PRESENTED IN PERSON OR BY CERTIFIED MAIL TO THE ATTENTION OF THE PRIVACY OFFICE OF THIS INSTITUTION. I UNDERSTAND I AM NOT REQUIRED TO SIGN THIS AUTHORIZATION. ARTHRITIS ASSOCIATES WILL NOT CONDITION TREATMENT, PAYMENT, ENROLLMENT OR ELIGIBILITY FOR BENEFITS ON WHETHER I PROVIDE THIS AUTHORIZATION. I UNDERSTAND MY RECORDS MAY BE SUBJECT TO DISCLOSURE BY THE RECIPIENT AND MAY NO LONGER BE PROTECTED BY FEDERAL PRIVACY REGULATIONS. I UNDERSTAND THIS AUTHORIZATION DOES NOT LIMIT ARTHRITIS ASSOCIATES OR IT'S EMPLOYEES' OR AGENTS' ABILITY TO USE OR DISCLOSE MY INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS, OR AS OTHERWISE PERMITTED BY LAW. PATIENT HAS A RIGHT TO A COPY OF THIS AUTHORIZATION UPON REQUEST.

_____ _____
Signature of Patient or Legal Rep. **Date**

_____ _____
PRINT NAME OF PATIENT OR LEGAL REP. **RATIONALE FOR SERVING AS LEGAL REP.**
(i.e. parent, legal guardian, power of attorney)

Revised 9/2017