ALABAMA ORTHOPAEDIC CLINIC, P.C.

3610 Springhill Memorial Drive N.
Mobile, AL 36608
Phone: (251) 410-3600

Request for Release of Protected Health Information

Patient Name: _____
Last First MI Maiden (include all names by which patient has been known)

Date of Birth: _____ S.S.N.: _____ MRN: _____

I Hereby Authorize Alabama Orthopaedic Clinic, P.C.

To Release To: _____ **OR** To Obtain From: _____

Address: _____

Phone: _____ Fax: _____

PURPOSE FOR RELEASE:

☐ Legal ☐ Insurance ☐ Evaluation & Treatment Other: _____

TYPE OR CATEGORY OF MEDICAL INFORMATION TO BE RELEASED

☐ **Complete Medical Record** ☐ **Diagnostics (MRI, X-Ray, Lab, DEXA, CT, EMG, NCV)**

☐ **Operative Reports** ☐ **Office Visits**

☐ **Other:** _____

Dates of Service: _____ to _____

I understand that this authorization may be revoked in writing at any time by submitting a letter to the medical records supervisor, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire one year from the date signed below.

This facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I can refuse to sign this authorization. I need not sign this form to assure services/treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. By signing below, I recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law.

I acknowledge that I have read and fully understand this authorization as it applies to me. By my signature, I authorize the execution of the terms of this document.

_____ _____

Signature of Patient/Legal Representative *Date*

If signed by legal representative, relationship to patient: _____

_____ _____

Signature of Witness *Date*

Revised May 2024