

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Please complete all sections legibly. Incomplete forms may result in delay or denial of this request.

**1**
**Patient Information:**

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# (optional): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**2**
**Facility or Provider where medical information is currently kept:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Twin Cities Orthopedics, P.A. | <input type="checkbox"/> Physician/Provider:<br>Address/Phone #: | <input type="checkbox"/> Other:<br>Address/Phone #: |
|--|--|---|

**3**
**Who do you want to receive this medical information?**

I hereby authorize, and request that the above facility/provider release copies of my medical information that are created and maintained by their facility to:

To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Additional Info: \_\_\_\_\_

**4**
**What body part(s) and/or dates of service are you needing medical information to be disclosed?:** \_\_\_\_\_

**Which information would you like disclosed?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Medical Records   | <input type="checkbox"/> Lab reports          | <input type="checkbox"/> Itemized Billing                     |
| <input type="checkbox"/> X-ray (CD/Films)  | <input type="checkbox"/> Hospital Records     | <input type="checkbox"/> HIV/Mental Health/Drug Abuse records |
| <input type="checkbox"/> Radiology reports | <input type="checkbox"/> TCO Physical Therapy | <input type="checkbox"/> Other:                               |

Verbal disclosure of medical information-Please check here if you are completing this form for verbal communication consent only to the individual listed above in section 3, "Who do you want to receive this medical information".

**5**
**The reason for disclosure of this information is for the following reason:**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Patient's Personal Use | <input type="checkbox"/> Insurance | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Disability             | <input type="checkbox"/> Legal     | <input type="checkbox"/> Continuing Care       |

**6**
**When does this information need to be received by?** Date: \_\_\_\_\_  
 (please allow 2 weeks for transfer)

**How would you like the information to be sent?**

- |                               |   |   |
|-------------------------------|---|---|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Pick up at: _____<br>(Indicate which office) | <input type="checkbox"/> Fax: _____<br>(Records can only be faxed to clinics/providers) |
|-------------------------------|---|---|

**7**

I hereby authorize, and request that Twin Cities Orthopedics, PA, release my health information that is created and maintained by their facility. I understand that I may revoke this consent at anytime in writing. Revocation becomes effective once written request is received by TCO. This authorization will automatically expire in one year from the date of signing. I understand that I will not be refused treatment if I choose not to sign this authorization. I realize that the above stated medical facility cannot prevent the re-disclosure of records released as a result of this request and that the records may not be subject to the privacy rule protections.

**Signature of Patient/Guardian\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*If signed by person other than patient, please send copies of legal documentation for representation*

Please see the grid below for mailing address or fax number so that your request can be processed by the correct Medical Records department.

<b>Clinic that you were initially seen at:</b>		<b>Medical Records Department Information. Please send completed form by faxing or mailing to:</b>		
<b>City</b>	<b>Clinic Address or Building Name</b>	<b>Mailing address</b>	<b>Phone:</b>	<b>Fax:</b>
Arlington	Sibley Medical Center	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Bloomington	Oxboro Medical Building	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Burnsville	1000 140 St W, Ste 201	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Chaska	111 Huntermark Road	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Coon Rapids	Orthopaedic Partners Building	3111 124 Ave NW Ste 200; Coon Rapids, MN 55433	763-427-7300	763-427-2802
Coon Rapids	3833 Coon Rapids Blvd, Ste 120	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Eden Prairie	Flagship Corporate Center	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Edina	Twin Cities Orthopedics Building	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Edina	Southdale Medical Building	TCO; 6545 France Avenue South #160; Edina MN 55435	952-835-0750	952-835-0662
Fridley	Orthopaedic Partners Building	8290 University Ave NE #200; Fridley, MN 55432	763-786-9543	763-786-3320
Glencoe	Glencoe Regional Health Service	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Maple Grove	North Memorial Medical Office Building (Maple Grove Medical Office Building)	TCO; 3366 Oakdale Ave N, Ste 103; Robbinsdale MN 55422	763-520-7870	763-520-7889
Minneapolis	Abbott Northwestern Hospital Campus	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Minneapolis	U of M Medical Center – Riverside	TCO; 701 25 <sup>th</sup> Avenue South, Ste 505; Minneapolis MN 55454	612-455-2008	612-455-2045
New Prague	Queen of Peace Hospital	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Otsego	Twin Cities Orthopedics Building	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Plymouth	WestHealth Campus	TCO; 3366 Oakdale Ave N, Ste 103; Robbinsdale MN 55422	763-520-7870	763-520-7889
Princeton	Fairview Northland Medical Center	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Robbinsdale	North Memorial Hospital Campus (Oakdale Medical Building)	TCO; 3366 Oakdale Ave N, Ste 103; Robbinsdale MN 55422	763-520-7870	763-520-7889
St Anthony	Silver Lake Clinic	TCO; 3366 Oakdale Ave N, Ste 103; Robbinsdale MN 55422	763-520-7870	763-520-7889
Savage	Savage Medical Building	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Shakopee	St. Francis Orthopedic Center	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Shoreview	Shoreview Professional Center	8290 University Ave NE #200; Fridley, MN 55432	763-786-9543	763-786-3320
Waconia	Ridgeview Professional Building	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Watertown	Catalyst Clinic	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760
Wayzata	Wayzata Medical Building	Timberland ; 4980 Highway 169 N; New Hope MN 55428	763-504-2729	763-504-2760