TWIN CITIES ORTHOPEDICS

Internal Use Only
Account #_____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

1. Patient	Name	DOB
	Previous Name(s)	Primary Phone
	Address	Additional Phone
	City	State Zip

2. Release my records from	Name	Dr. Name
	Address	
	City	State Zip

3. Release my records to:	Name	Dr. Name
	Address	Phone
For Verbal Disclosure, check here _____	City	State Zip
	Checking "Verbal Disclosure, authorizes TCO to Identified in this section.	discuss my care with the person(s) I have

Records must include:	☐ Lab Reports ☐ X-rays (CD/films) ☐ Prescriptions ☐ Assessment Results	☐ Pertinent Parts of Record Relating to Condition Specified ☐ Disclosure Log	☐ Body Part _____ ☐ Date(s) of service _____

Reason For Request	☐ Personal Use ☐ Disability	☐ Insurance ☐ Legal	☐ Worker's Compensation ☐ Continuing Care

Allow up to 2 weeks for your request for be processed.
How would you like to receive this information?

☐ By mail

☐ Pickup at Twin Cities Orthopedics (If being released from TCO, records may be picked up at TCO)

Mail to: TCO Oak Park Heights, 5803 Neal Ave. N., Oak Park, Heights, MN 55082 Fax: (952) 456-7020

I understand that by signing below	• I may revoke this authorization at any time by notifying the facility identified above in writing. • By authorizing the release of my protected health information, the health information is no longer protected and has the potential to be re-disclosed. • There may be a fee for release of this information and I may be responsible for that fee. • I am authorizing the release of my personal protected health information to and from the entities I've indicated in sections 2 and 3 of this form. • Treatment will not be denied to me if I do not sign this form. • This authorization will expire one year from the date I sign on this form. **Signature of Patient/Guardian _____ Date _____** **Print Name _____** **If signed by person other than patient, please send copies of legal documentation for representation*