TWIN CITIES ORTHOPEDICS

Account #:_____
(internal use only)

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

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

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

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

Requests will not be processed if this section is not completed	☐ Office Notes ☐ X-rays (CD/films) ☐ MRI/Radiology Reports	☐ Lab Reports ☐ Hospital Records ☐ Therapy, Physical & Occupational	☐ Itemized Billing ☐ HIV/Mental Health/Drug Abuse ☐ Body Part _____ ☐ Date(s) of service _____

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

Date needed by _____/_____/_____ A mm/dd/yyyy format must be entered. Allow up to 2 weeks for your request to be processed.

How would you like to receive this information?

☐ By mail

☐ Pickup at Twin Cites Orthopedics Clinic (If being released from TCO, records may be picked up at TCO)
Please specify which location you will be picking up the records _____(listed on next pg)

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

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

ALLOW UP TO 2 WEEKS TO RECEIVE YOUR INFORMATION

If you were initially seen at any one of these West Metro clinics:		**Please *print, sign* and send authorization form to:**
Arlington	601 West Chandler St	Fax: (952) 456-7020 Phone: (763) 504-2729 Mail: TCO Attn: Records 4200 Dahlberg Dr. Golden Valley, MN 55422 Records may only be picked up at clinic locations in **BOLD**
Blaine	11855 Ulysses St. NE	
Bloomington	600 W 98th St	
Burnsville	1000 W. 140th Street	
Chaska	111 Hundertmark Road	
Delano	916 St Peter Ave	
Eden Prairie	12982 Valley View Rd	
Edina	4010 West 65th St	
Minnetonka	15450 MN-7	
Mound	4695 Shoreline Dr	
New Prague	Queen of Peace Hospital	
Olivia	611 E Fairview Ave	
Otsego	8540 Quaday Ave NE	
Highland Park	2155 Ford Parkway	
Waconia	560 South Maple St	
Watertown	204 Lewis Ave S	

If you were initially seen at any one of these West Metro clinics:		**Please *print, sign* and send authorization form to:**
Coon Rapids	3111 124th Ave NW	Fax: (763) 786-3320 Mail: 8290 University Ave N, #200 Fridley, MN 55432
Fridley	8290 University Ave NE	
Shoreview	4570 Churchill St	

If you were initially seen at any one of these West Metro clinics:		**Please *print, sign* and send authorization form to:**
Maple Grove	9630 Grove Circle N	Fax: (763) 302-2402 Mail: 3366 Oakdale Ave N, #103 Robbinsdale, MN 55422
Plymouth	2855 Campus Dr	
Robbinsdale	3366 Oakdale Ave N	
St. Anthony	2155 Ford Parkway	

If you were initially seen at any one of these East Metro clinics:		**Please *print, sign* and send authorization form to:**
Amery	265 Griffin Street East	Fax: (651) 439-0232 Phone: (651) 439-8807 Mail: East Metro Business Office 5803 Neal Ave N Oak Park Heights, MN 55082 Records may only be picked up at clinic locations in **BOLD**, as well as the East Metro Business Office
Hudson	411 Stageline Road	
New Richmond	535 Hospital Rd	
Osceola	2600 65th Ave	
River Falls	1687 East Division St	
St. Croix Falls	216 South Adams St	
Stillwater	1701 Curve Crest Blvd	
Maplewood	1655 Beam Ave.	
Woodbury	1875 Woodwinds Drive	
Lake Elmo	8650 Hudson Blvd	
Wyoming	5130 Fairview Blvd	
St. Paul	310 North Smith Ave	