

MEDICAL RECORDS RELEASE FORM

A. EXPLANATION:

This authorization for use of disclosure of medical information is being requested to you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Section 56, et. Seq., California Civil Code.

B. AUTHORIZATION:

I hereby authorize Fullerton Orthopaedic Surgery Medical Group Inc. at 101 Laguna Road Suite A, Fullerton, CA 92835 to furnish to:

Name _____

Address _____

City/State/Zip _____

Telephone _____

Medical Records, films, and information pertaining to medical history, treatment, and diagnosed mental and physical condition, including disabilities' such as drug, alcohol, psychiatric and/or the result of any HIV test, without limitation, performed on:

Name of Patient _____

Date of Birth _____ Social Security# _____

C. The requester may use the medical records and type of information authorized only for the following purpose: _____

D. DURATION: This Authorization shall become effective immediately and shall remain in effect for ninety days (90).

E. RESTRICTIONS: I understand that the requester may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

F. ADDITIONAL COPY: I further understand that I have a right to receive a copy of this authorization of my request. Copy requested and received: Yes/No.

G. COPY SERVICE: I understand that MEDICAL REC SERVICES will be copying my records and mailing them to me. Any questions regarding this service shall be directed to (714) 838-9933.

H. SIGNATURE: (If signed by other than patient, indicate relationship)

DATE: _____

SIGNED: _____

DATE: _____

WITNESS: _____

PLEASE FAX TO MEDICAL RECORDS AT (714) 879-0229

*A spouse or financially responsible party may only authorize release of medical information for use in processing an application for the patient, as a spouse or dependent, for a health insurance plan or policy, a non-profit hospital plan, a health care service plan, or an employee benefit plan.