Alabama Orthopaedic Clinic, P.C.

3610 Springhill Memorial Drive North
Mobile, Alabama 36608
(251) 410-3600 Telephone
Fax to (251) 410-3641

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Preparation time – 7 to 10 Business Days ☐ Call when ready

Patient Name: ________________________________Date of Birth: _____________________________

Phone #______________________________Work or Wireless #________________________________

Patient Social Security #:_______________________Doctor:___________________________________

Reason for request:____

Date(s) of service needed: From ____________________________To____________________________

Authority to Sign for Patient (attach documents) ☐ Parent of Minor Child
☐ Power of Attorney
☐ Representative of Deceased Estate
☐ Representative of Incapacitated Adult

I authorize Alabama Orthopaedic Clinic: ☐ to release my medical records to:

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☐ Pick up ☐ Electronic- Web Delivery Email Address: _____________________________________

Medical Record Copying Charges

The following charges apply to copying records requested for personal use, attorneys, insurance purposes, disability determination and various other reasons:

$5.00 Base Fee
$1.00 per page for pages 1-25
$.50 per page thereafter
Actual postage (if applicable)

This information about you is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you 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. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

Patient Signature:_______________________________________Date Signed:_________________

* Expiration date is one year from date signed unless otherwise stated:_________________________________
* A photocopy or fax of this authorization is as valid as the original.

7/11/13 **FOR OFFICE USE ONLY - AOC Employee: ________________________________**