



2222 E. Highland Ave., Suite 300 · Phoenix, AZ 85016
602-512-8448 · Fax 602-277-1074

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

NAME: _____ **PID (if known)** _____

PATIENT'S DATE OF BIRTH: _____ **SOCIAL SECURITY#:** _____

PATIENT'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE#: _____ **FAX#:** _____ **EMAIL:** _____

PLEASE CHECK APPROPRIATE BOX	<input type="checkbox"/> I hereby authorize TOCA to send / release photocopies of medical records concerning the above named patient to NAMED RECEIVER LISTED BELOW.
	<input type="checkbox"/> I hereby authorize THE PROVIDER LISTED BELOW to send / release photocopies of medical records concerning the above named patient to TOCA.

(NAME OF COMPANY / PHYSICIAN / AUTHORIZED PERSON ___ TO RECEIVE ___ RELEASE RECORDS)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE#: _____ **FAX#:** _____ **EMAIL:** _____

FOR PURPOSE OF: _____

MEDICAL RECORDS FOR THE LAST TWO YEARS (and/or) _____

THE FOLLOWING DESCRIBED RECORDS (specify types and dates) _____

This consent will expire (90) days after the signed date below. I may revoke this authorization at any time providing I notify the above listed doctors in writing to that effect. I understand that any release made prior to my revocation in compliance with this authorization shall not constitute a breach of my right to confidentiality.

POTENTIAL FOR RE-DISCLOSURE: Information that is disclosed under this authorization may be re-disclosed by the person or organization to which it is sent. The privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information is disclosed to.

I HEREBY RELEASE THE ORTHOPEDIC CLINIC ASSOCIATION, P.C. FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM THE ACT I HAVE AUTHORIZED ABOVE.

Signature of Patient

Date Signed

Parent / Legally Authorized Representative

Relationship To Patient

Reason patient was unable to sign release: _____

PATIENTS 18 YEARS AND OLDER MUST SIGN THEIR OWN RELEASE FORM