

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

I, _____, authorize Bellevue Bone & Joint Physicians to release my records to :

I AUTHORIZE THE FOLLOWING INFORMATION TO BE RELEASED:

- All treatment
- All billing information
- MRI
- X-ray
- Treatment notes
- Op-reports
- Other _____

PURPOSE FOR WHICH DISCLOSURE IS BEING MADE:

(Please circle one of the following):

- Insurance
- Doctor
- Personal
- Attorney

PATIENT AUTHORIZATION:

I understand my records may be protected under federal and state confidentiality regulation and my express consent may be required to release any health care information relating to testing, diagnosis, and / or treatment for HIV (AIDS), sexually transmitted diseases, mental illness, or mental health treatment and / or alcohol abuse treatment. I hereby specifically authorize you to release all information relating to such diagnosis, testing or treatment.

MY RIGHTS:

I understand I do not have to sign this authorization in order to obtain health care benefits. I may revoke this authorization in writing. I understand that once the health information reaches the noted recipient, that person or organization may re-disclose the information, and at that time it may no longer be protected under privacy laws.

REASONABLE FEE:

As a courtesy, your first request for Bellevue Bone & Joint records will be provided to you free of charge. This does not include outside records from other physicians.

If you are requesting information for another physician to help you with further treatment, we can mail or fax the information directly to the physician at no charge.

State law provides that a health care provider may charge a reasonable fee. There is a \$23 clerical fee per request, plus \$1.02 per page for the first 30 pages, and \$0.78 per page thereafter. Please allow 5 business days for your record copying request.

Patient Signature _____ Date Signed _____

(This authorization will expire 90 days from the date signed)

BELLEVUE BONE & JOINT PHYSICIANS, PLLC
1632 116th Avenue NE, Suite C / Bellevue, WA 98004
Phone: (425) 462-9800 Fax: (425) 454-9143

<p style="margin: 0;">For Office Use Only</p> <p style="margin: 5px 0 0 0;">Date: _____ Initials: _____</p> <p style="margin: 10px 0 0 0; text-align: center;">MAILED – FAXED- PICKED UP</p>
