ORTHOPAEDIC CENTER CORPUS CHRISTI

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General Medical Records Release and Authorization
For Use or Disclosure of Protected Health Information

Patient Name: _____ SSN:_____
Date of Birth: _____ Phone Number: _____

I authorize _____release the following information (check all applicable):

_____ All Records
_____ Laboratory/Pathology
_____ Billing Records
_____ Pharmacy
_____ X-ray/Radiology Records
_____ Other (explain): _____

Reason for Release of Records: _____

Note: If these records contain any Information from previous providers or Information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse or sexually transmitted disease, you are hereby authorizing the disclosure of this Information

Please send the records listed above to

The Orthopaedic Center of Corpus Christi
6118 Parkway Drive
Corpus Christi, Texas 78414

This authorization shall expire no later than ____/____/____ and may not be valid for greater than one year from the date of signature.

You should contact the Privacy Official or other authorized representative to terminate this authorization.

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits unless allowed by law. By signing below, I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

_____ _____
Signature of patient (or patient's personal representative) **Date**

_____ _____
Printed name of patient (or patient's personal representative) **Representative's authority to sign for this patient (i.e. parent, guardian, power of attorney, etc.)**