ARTHRITIS & SPORTS

Orthopaedics • Physical Therapy • Wellness

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: ______________________ Date of Birth: ______________

Previous Name: ______________________ Social Security #: ______________

I request and authorize ______________________________ to

release healthcare information of the patient named above to:

☐ Name: ____

Address: ____

City: ______________ State: ______ Zip Code: ____________

Fax: ______________ Email: ______________________

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: ______________

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☐ All healthcare information

☐ Check this box for any radiology imaging requests to be put on CD

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ Yes ☐ No — I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No — I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: ______________________ Date Signed: ______

Guardian Signature (if under the age of 18): ______________________ Date Signed: ______

This authorization will expire 90 days from the date signed and I understand that I have the right to revoke this authorization at any time.

*CONFIDENTIALITY NOTICE:*This electronically transmitted document and any attachments contain confidential information intended for a specific individual and purpose. Theentire content is private and is protected by federal law. If you are not the intended recipient, please notify the sender. You are hereby notified thatany unauthorized disclosure, copying, distribution, or the taking of any action based on the content of this document is illegal and strictly prohibited.

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