

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 Arthritis & Sports PC to release healthcare information of the patient named above to:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Fax: _____ Email: _____

The purpose of this authorization is:

at the request of the individual other: _____

This request and authorization applies to:

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

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 venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhoea.

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: _____

Arthritis & Sports may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

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 by submitting a written, signed request to any of the clinic locations listed below.

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