



**AUTHORIZATION TO RELEASE MEDICAL INFORMATION
TO PERSONS INVOLVED IN MY CARE**

Medical information is defined as a record of a patient's medical history, examinations and treatment, medications prescribed, physician's physical findings, results of diagnostic tests and procedures, and any other records maintained within the patient chart.

Please check the boxes below to define the method of release you are authorizing for your records at Excel Orthopedics

- Verbal release of records **ONLY** (i.e. conversations over the phone or in-person with staff at Excel)
- Physical release of records **ONLY** (i.e. photocopies of medical information)
- Verbal and Physical release of any and all records found in the medical chart
- Other, please specify _____

Name of Patient (printed) _____

Date of Birth _____ Contact Phone Number _____ () _____

I hereby give Excel Orthopedics my permission to release my medical information to the individuals specified below, upon their request. The purpose for these disclosures is to enable the persons below to assist me in maintaining my health and to participate in my medical care.

Name Relationship to patient

Name Relationship to patient

The patient or patient's representative must read and initial the following statements:

_____ I understand that I may see and receive a copy of the information described on this form

_____ I understand that I may revoke this authorization at any time by notifying Excel Orthopedics

_____ I hereby authorize the use/disclosure of my medical information as described above.

Signature of patient or patient's legal representative

Date