

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize G2 Orthopedics and Sports Medicine to disclose or obtain the following information from the medical records of:

Name of Patient _____ Date of Birth _____

Chart Number _____ Telephone Number _____

Address _____

INFORMATION TO BE RELEASED: Please check the items applicable for information to be disclosed below:

Covering the period(s) of health care from _____ to _____
Date Date

- ☐ Complete Health Records ☐ Office Notes from Doctor
☐ MRI and Operative Reports ☐ X-ray images ☐ Other (Please Specify) _____

The above information may be released (specify name or title of the individual or the name of the organization to which records are to be released and the appropriate address):

TO:

(Doctor, Attorney, Insurance Company, Self, etc.)

Phone Number

Address (Street, City, State, and Zip)

Fax Number

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but is not limited to history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS.

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization. Unless this authorization has been revoked in writing or a date/event/condition is listed here, this authorization will expire two years from date of signature.

Signature _____
Patient or Legally Authorized Representative

Date _____

Printed Name of Patient or Legally Authorized Representative

Relationship to Patient

Signature of Witness

Date

Medical Record Fees in Virginia: Va. Code Section 8.01-413

- \$20.00 search and handling fee
- \$0.37 per page for up to 50 pages
- \$0.18 a page thereafter
- All postage and shipping costs (Total amount charged cannot exceed \$160)