



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 _____

_____ Fax Number _____
 Address (Street, City, State, and Zip)

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 Unless this authorization has been revoked in writing or a date/event/condition is listed here, this authorization will expire two years from date of signature.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 _____ Date _____
 Patient or Legally Authorized Representative

_____ Relationship to Patient
 Printed Name of Patient or Legally Authorized Representative

_____ Date
 Signature of Witness

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)

You May Mail the Completed form to Virginia Orthopedics, 14241 Midlothian Turnpike, Box 211, Midlothian, VA 23113 or send it by unencrypted email that is not HIPPA compliant to info@g2orthopedics.com