



Mattalino Orthopaedics

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Release of Protected Health Information

I, _____ authorize Mattalino Orthopaedics to disclose following information from the health records of

Patient Identification:

Last name: First: Middle:

Address:

Home phone #: Cell phone #:

- | | |
|--|--|
| <input type="checkbox"/> Billing Records | <input type="checkbox"/> Operative Report(s) |
| <input type="checkbox"/> Progress Note(s) | <input type="checkbox"/> Pathology Report(s) |
| <input type="checkbox"/> Consultation(s) | <input type="checkbox"/> X-Ray/MRI CD(s) |
| <input type="checkbox"/> History & Physical(s) | <input type="checkbox"/> X-Ray/MRI Report(s) |
| <input type="checkbox"/> Entire/Medical Chart(s) | <input type="checkbox"/> Other: _____ |

Purpose:

Date of Service:

From (Start Date): To (End Date):

Information to be sent to:

Address:

Phone #: Fax #:

I authorize Mattalino Orthopaedics to release medical information regarding treatment and/or outpatient care. I understand that the information may include psychological or psychiatric impairment(s), drug abuse, alcoholism, infections, or contagious disease information, including HIV, and AIDS related confidential information. I understand that I may revoke this authorization of release of medical at any time, except to the extent action has been taken in reliance on it and that in any event this authorization will expire 90 days from the state signed and/or as specified _____. I understand that if this information is disclosed to a third party, the information may no longer be protected by the state, federal regulation and may be re-disclosed by the person or organization that received the information. I may refuse to sign this authorization form and understand that Mattalino Orthopaedics will not condition or deny treatment on my signing this authorization. I release Mattalino Orthopaedics, and its employees and medical staff members from any legal responsibility for the disclosure of the above information to the extent indication and authorized herein.

Patient/Guardian signature

Date