OrthoKagan
ORTHOPEDIC & NEUROSPINE INSTITUTE

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AUTHORIZATION FOR DISCLOSURE OF MEDICAL RECORD INFORMATION

Patient Information

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____State: _____ Zip Code: _____

Release information:

I hereby authorize Ortho Kagan Orthopedic and Neurospine Institute to release my medical records to:

Name/Facility/Doctor: _____ Attention: _____

Address of facility or doctor's office: _____ Phone: _____

City _____State: _____ Zip Code: _____ Fax: _____

Purpose for request: ☐ Personal records ☐ Leaving Practice ☐ Part- Time resident ☐ Other : _____

What information would you like released:

- ☐ Most recent office note
- ☐ Specific dates: _____
- ☐ Billing records
- ☐ All of my records / entire record
- ☐ X-rays / MRI on CD
- ☐ All records related to my Auto Accident
- ☐ All records related to my Work Comp
- ☐ Lab tests
- ☐ Other: _____
- ☐ X-ray Report ☐ MRI Report ☐ Other radiology: _____

***please note there may be a charge for record request and x-ray on CD ***

Would you like to

- ☐ Pick-up * which office would you like to pick up from _____
- ☐ Mail it to: _____
- ☐ Fax Number: _____

_____ _____

Signature of Patient **Date**

IF THE PERSON MAKING THIS REQUEST IS NOT THE PATIENT

If you want to designate another person to inspect or receive copies of the information on your behalf, please write the name of the person and the person's address below: (e.g. - parent, guardian, or personal representative)

Name:_____ Relationship to patient: _____

_____ _____

Signature of Representative / Legal Guardian **Date**

***by my signature, I attest that I am the legally recognized representative of the above mentioned patient.*

Form No. 16a: If you want copies of the information, we will contact you to inform you of the charges for the information. Within a reasonable time after our receipt of your payment, we will either mail the information to you, or contact you to inform you that the information is available for you to pick up. *Florida statue Copy fee: $1.00 per page for the first 25 pages $.25 for any pages over 25 plus postage.*

Once we receive your written request, it will take 72 hours for copies to be made.