DESERT ORTHOPAEDIC CENTER

Experience. Excellence.

AUTHORIZATION TO RELEASE AND/OR RECEIVE RECORDS

Patient Name: _____ DOB: _____

Address: _____
Number Street City State Zip

Phone: _____

I hereby authorize Desert Orthopaedic Center to:

❒ Release copies of billing or medical records to the following persons or entities:

Name: _____ Address: _____ Fax: _____

❒ Physician Office Notes ❒ MRI Reports ❒ X-Ray Reports ❒ Physical Therapy Reports

Which office would you like your records to be picked up at? ❒ Desert Inn ❒ Northwest ❒ Southwest ❒ Henderson

Information may be released in writing, fax, or photocopy.

❒ Receive copies of billing or medical records from the following persons or entities:

Name: _____ Address: _____ Fax: _____

NOTICE TO PATIENT/PATIENT REPRESENTATIVE: If the recipient of the information disclosed pursuant to this authorization is not a healthcare provider, health plan, or healthcare clearinghouse, the information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws and regulations.

The information will be obtained and/or disclosed for the following reasons:

❒ Treatment/Continuity of Treatment

❒ At the Request of the Individual

❒ Legal Reasons

❒ Assessment and Evaluation

❒ Other (Specify): _____

This authorization will expire: ❒ Ninety (90) days from the date of the signature below,
Or ❒ Other: _____

This authorization may be revoked by notifying Desert Orthopaedic Center in writing addressed to:

Custodian of Records
Desert Orthopaedic Center
2800 E. Desert Inn Road, Suite 100
Las Vegas, NV 89121

NOTE: Protected health information may already have been disclosed before the revocation is received. If so, the revocation will be effective only as of the date it is received by Desert Orthopaedic Center.

Patient Signature: _____ Date: _____

Personal Representative's Signature: _____ Date: _____

Personal Representative's Relationship/Authority: _____

This authorization is voluntary. A refusal to sign will not affect the patient's ability to obtain treatment, payment, or, if applicable, enrollment in a health plan or eligibility for benefits.

Authorization to Release and/or Receive Records 01-2017

Desert Orthopaedic Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.