



Prince William Orthopaedics, Hand Surgery, & Sports Medicine Center Division

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Form with fields for patient name, birth date, street address, social security number, city/state/zip, phone, and parent/guardian info.

At the request of the individual, I [Name], do hereby authorize Prince William Ortho to release: (Name of Facility)

DATES OF [] DISCHARGE SUMMARY [] HISTORY & PHYSICAL [] PROGRESSNOTES [] OPERATIVE NOTES [] PATHOLOGY REPORTS [] LABORATORY REPORTS [] RADIOLOGY REPORTS [] ENTIRE CHART [] PHYSICAL THERAPY [] OTHER SPECIFIC INJURY

I do [] I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASED TO:

Name of Company/Agency/Facility/Person Street address City, state, zip

PURPOSE OF DISCLOSURE:

[] REFERRAL TO SPECIALIST [] INSURANCE [] WORKERS COMP [] LEAVING PRACTICE [] LEGAL INVESTIGATION [] DISABILITY DETERMINATION [] PERSONAL [] RELOCATING [] OTHER (SPECIFY)

Please provide current telephone number in the event we need to contact you: _____

I hereby authorize disclosure of the health information for the above named patient this authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation" I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization"

Signature of individual or guardian Date Personal Representative of patient's estate/Power of Attorney Must Be Attached

NOTE: Virginia Law permits a charge for personal copy / transfer of your records. Healthport has been contracted to provide this service and will invoice you directly. VA State Rides apply. Pgs "1-50 are \$.50 per pg, Pgs 51+"are \$.25 per page, plus required postage.

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