



SEACOAST ORTHOPEDIC ASSOCIATES, INC
21 Highland Ave Suite 16, Newburyport, Ma 01950
Phone- (978) 462-7555 Fax- (978) 462-9049

Medical Records Release Authorization

Name (Print): _____ Date of Birth: ____/____/____

Date of Request: ____/____/____

1. Type of record (Select all that apply):

- ☐ Paper records – Office visit notes, work notes, school notes, disability notes generated by provider
- ☐ CD of imaging – x-ray only (\$5.00 charge for CD, \$10.00 if mailing)
- ☐ Forms/Paperwork completed by provider

2. Records being released:

Body Part(s): _____ Date range of records: _____

Please circle: Left Right Bilateral

3. Reason for Release (Select all that apply):

- ☐ Personal
- ☐ For Attorney/Legal
- ☐ FMLA
- ☐ Social Services/Disability
- ☐ Workers Compensation
- ☐ SOA Referring patient to Another Practice
Name of Practice: _____
- ☐ Patient Seeking Second Opinion at Another Practice
Name of practice: _____
- ☐ Other Reason: _____

4. Method of Release (Select all that apply):

- ☐ Release to me / Pick up in person
- ☐ Fax
- ☐ Mail

If faxing or mailing, please fill out the fields below:

Name of Entity or Practice: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

I hereby request and authorize medical records, test results and/or x-rays to be released to the indicated party above for the specified dates. I understand that the Health Insurance Portability and Accountability Act (HIPAA) applies to my medical records and my protected health information. This authorization may be revoked by me, at any time, by notifying the doctor's office (privacy officer) of this revocation in writing. I understand that if no revocation is received this authorization will be valid for one (1) year. I have been advised that if I chose to not authorize that it will not have any adverse effect on my treatment, eligibility for benefits, enrollment, or payments.

Patient/Authorized Representative Signature: _____ Date: ____/____/____

For Office Use Only:

Banos Chang Ford Lee Murphy

Rec'd By: _____ Date: _____ ☐ Chart Noted Completed By: _____ Date: _____ ☐ Chart Noted

Forms: ☐ \$20 rush (2 business days) ☐ 7-10 business days CD: ☐ \$5 ☐ \$10 mailing fee ☐ no charge