



SEACOAST ORTHOPEDIC ASSOCIATES, INC
 21 Highland Ave Suite 16, Newburyport, Ma 01950
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Medical Records Release Form

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

Date of Request: ___/___/_____

Records Being Released (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

SOA Doctor: Dr. Banos Dr. Chang Dr. Ford Dr. Lee Other _____

Date range of records: _____ Body Part: _____

Please circle: Left Right Bilateral

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: _____

Method of Release: Release to me/hand carry 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 I will not have any adverse effect on my treatment, eligibility for benefits, enrollment, or payments.

Patient Signature: _____ Date: ___/___/_____

For Office Use Only: Authorization to Release; Banos Chang Ford Lee Cronin

Rec'd By: _____ **Date:** _____ Chart Noted **Completed By:** _____ **Date:** _____ Chart Noted
 Forms: \$20 rush (2 business days) 7-10 business days