

Consent Form for Release of Medical Information

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As required by the Health Insurance Portability and Accountability Act of 1996 our office may not use or disclose your health information except as provided in our Notice of Privacy Practices without your authorization. Your signature on this form indicates that you are giving permission for the uses and disclosures of protected health information described herein. You may revoke this authorization at any time by signing and dating the revocation section of your copy of this form and returning to this office.

AUTHORIZATION SECTION

I, _____ (Print Patient's Name)

Patient's Social Security Number - ____/____/____; Patient's Date of Birth - ____/____/____

hereby authorize MPOC Orthopaedic Clinic to copy and disclose health information that pertains to me, said information as follows: History and physical examinations, consultation reports, operative reports, progress reports, billing records, discharge summaries, X-ray or MRI reports, X-ray or MRI disc.

I authorize the following person(s) to receive these disclosures of my health information:

(Example: spouse, child or other persons)

I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer protected.

I understand that I may revoke this authorization at any time by signing the revocation section of my copy of this form and returning it to the address above. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this authorization.

I understand that I am under no obligation to sign this authorization. I further understand that my ability to obtain treatment will not depend in any way on whether I sign this authorization or not.

I understand that I have a right to obtain a copy of information disclosed pursuant to this authorization.

I understand that MPOC Orthopaedic may charge a fee for the costs of copying, mailing, or other supplies associated with this request.

X

Signature

Date

REVOCACTION SECTION

I hereby revoke this authorization:

Signature

Date

Revised 10/3/16