

**KYLE ANDERSON, M.D.**  
Sports Medicine  
Arthroscopic Surgery  
Shoulder and Elbow Replacement

**JEFFREY E. BALAZSY, M.D.**  
Adult and Pediatric Orthopaedic Trauma and  
Reconstructive Surgery  
Pelvis and Acetabulum Surgery  
Foot and Ankle Reconstruction

**DAVID J. COLLON, M.D.**  
Sports Medicine  
Arthroscopic Surgery

**THOMAS J. DITKOFF, M.D.**  
Pediatric Orthopaedics  
Adult Reconstructive Surgery  
Arthroscopy and Sports Injuries

**PETER R. DONALDSON, M.D.**  
Sports Medicine

**JEFFREY S. FISCHGRUND, M.D.**  
Adult and Children's Spinal Disorders

**HARRY N. HERKOWITZ, M.D.**  
Disorder of the Spine  
Disc and Stenosis Surgery  
Reconstructive Surgery of the Neck and Back

**LAWRENCE T. KURZ, M.D.**  
Adult and Children's Spinal Disorders  
Scoliosis  
Reconstructive Surgery of the Neck and Back

**JERRY A. MATLEN, M.D.**  
Adult Reconstructive Orthopaedic Surgery  
Hip and Knee Joint Replacement

**WEISSMAN, GITLIN, HERKOWITZ, M.D., P.C.**

ORTHOPAEDIC SURGERY  
&  
PHYSICAL MEDICINE

27207 LAHSER, SUITE 200-B  
SOUTHFIELD, MICHIGAN 48034  
Tel. (248) 663-1900 Fax (248) 663-1901

6900 ORCHARD LAKE ROAD, SUITE 103  
WEST BLOOMFIELD, MICHIGAN 48322  
Tel. (248) 855-7400 Fax (248) 626-6481

**CHETAN K. PATEL, M.D.**  
Adult and Children's Spinal Disorders  
Minimally Invasive Spine Surgery

**RACHEL S. ROHDE, M.D.**  
Orthopaedic Upper Extremity Surgery  
Hand and Microvascular Surgery

**GINO R. SESSA, M.D.**  
Physical Medicine & Rehabilitation  
Electromyography & Electrodiagnosis

**JEFFREY D. SHAPIRO, M.D.**  
Knee and Shoulder Surgery  
Arthroscopic, Reconstructive and  
Joint Replacement Surgery  
Sports Medicine

**PAUL S. SHAPIRO, M.D.**  
Hand and Upper Extremity Surgery  
Shoulder Surgery  
Microvascular Surgery

**RONALD S. TAYLOR, M.D.**  
Physical Medicine & Rehabilitation  
Electromyography & Electrodiagnosis

**EERIC TRUUMEEES, M.D.**  
Adult and Children's Spinal Disorders  
Reconstructive Surgery of the Neck and Back

**JAMES J. VERNER, M.D.**  
Total Joint Surgery of the Hip and Knee  
Revision Hip and Knee Surgery  
Minimally Invasive Hip and Knee Arthroplasty

**MARTIN L. WEISSMAN, M.D.**  
Retired

**KENNETH W. GITLIN, M.D.**  
Retired

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1. By my signature, I \_\_\_\_\_, authorize that my protected health information may be used or disclosed by WGHMDPC for the following purpose:  
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2. I authorized WGHMDPC to use or disclose my protected health information to the following persons or entity:  
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3. I understand that the protected health information, which is used or disclosed pursuant to this authorization, may be subject to re-disclosure by the recipient and may lose the protection of confidentiality under the privacy rules.
  
4. I understand that I have the right to inspect and obtain a copy of the protected health information that will be used or disclosed pursuant to this authorization.
  
5. I understand that WGHMDPC will not condition any aspect of my treatment, payment, enrollment in the health plan or eligibility for benefits on whether or not I sign this authorization.
  
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7. I understand that this authorization only pertains to the following condition:  
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