



1720 Springhill Ave. • Suite 301 • Mobile, AL 36604
251-435-BONE (2663) | Fax 251-435-6966

Use and disclosure of Protect Health Information (PHI)
Authorization Form - Release of Information(ROI)

Patient Name: _____ Date of Birth: _____

By signing this Authorization Form, I understand I am giving authorization to IMC-Gulf Orthopaedics, medical record custodian, to release my protected health information including Medical, Psychiatric, Alcohol, HIV, Drug Abuse, Reproductive Healthcare and/or Financial Information contained in my records. I authorize IMC-Gulf Orthopaedics to:

[] Disclose (release) to: _____ or [] Obtain (request) from: _____

Name of Person or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

- Purpose of release: Continuity of Care Change of PCP Insurance Claim
 Personal Use Legal Use
 Other _____

Personal Health Information to be disclosed/or obtained:

- All Medical Records Immunization Records
 Lab Reports Progress Notes
 Operative Notes Radiology Reports
 Pathology Reports Other _____

Comments: _____

Medium to be Used: Paper, MyChart, CD/DVD, Email: _____

I understand that I can revoke this authorization at any time except to the extent that any action has been taken in reliance on this authorization. I can revoke this authorization by submitting a written request to IMC-Gulf Orthopaedics.

This authorization will expire 1 year from the date of signing below unless specified otherwise. Date of expiration if different: _____

I understand that IMC-Gulf Orthopaedics will not condition treatment or payment on whether you sign this authorization unless this authorization is for the provision of research-related treatment or for the creation of health information for disclosure to a third party.

Signature of Patient

Date

Signature of Authorized Representative

Date

Relationship

Records given to patient/representative on _____ Date: _____ By Signature: _____

When selecting email as the medium to receive information you are accepting potential security risk associated with unencrypted email. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected under Title 45 CFR 160.