



CENTRAL FLORIDA BONE & JOINT INSTITUTE

Authorization For The Release of Medical Records

I authorize:

Central Florida Bone & Joint Institute
2745 Rebecca Lane • Orange City FL 32763
917 Rinehart Rd. Suite 2031 • Lake Mary, FL 32746
Phone: (386) 775-2012 fax: (386) 775-2013

To: **Release To** or **Request Records From**

Name of Organization

Phone Number

Street Address

Fax Number

City, State, Zip Code

E-mail

Records to be Released :

Entire Record (including highly sensitive records)

Lab Reports

Office Notes

Physical Therapy

Operative Reports

Itemized Statement

Imaging Reports (MRI, CT, Ultrasound, Xray, etc)

EMG report

Treating Physician

Body Part

Dates of Services

Patient Information:

Name

Date of Birth

Address

Phone Number

Patient Signature

Date

** I understand that my records are confidential **and** cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected, I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization, then this authorization will expire one year from the date of signature, unless I revoke the authorization prior to that time.