



BETHEL FOOT AND ANKLE

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Medical Record Release Request Form

As required by the Health Portability and Accountability Act of 1996 (HIPAA) and Connecticut law, a practice may not use or disclose your identifiable health information without your authorization except as provided in our Notice of Privacy Practices. Your completion of this form means that you give permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed.

I hereby authorize this medical practice, _____ to release health information on the patient named below:

Patient's Name: _____ Date of Birth: _____

Other name eg; (maiden) _____ Telephone : _____

Address: _____ City/State: _____ Zip: _____

Dates of Service Release: _____ OR _____ Entire Medical Record

Reason for release (must be noted): _____

Send medical records to: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

This Authorization is effective; _____ through _____ (dates must be specified.)

Signature: _____ Print Name: _____ Date: _____

If this form is completed by someone other than the patient, please print name, address, and initial below to indicate relationship.

Name: _____ Address: _____

Guardian: _____ Conservator: _____ Parent: _____ Patient's Representative: _____

I understand that I have the right to receive a copy of this authorization.

Refusal to Sign Authorization I understand that by declining to sign this form my medical (health care) treatment and insurance benefits will not be affected, however, my medical records CANNOT be released. I understand that I may revoke this authorization at any time by notifying this medical practice in writing as described in the Notice of Privacy Practices. My revocation will not affect actions taken by this medical practice prior to its receipt. I understand that, if the recipient of the information is not a health care provider or health plan covered by HIPAA, the information used or disclosed as described above may be redisclosed by the recipient and no longer protected by HIPAA.

As referenced in section 20c (b), CT General Statutes allow a charge of \$.65 per page to copy medical records, plus shipping and handling or any conveyance fees the office is required to pay. Fees are payable in advance, by cash or credit card