

Surgical Care PC

Dr. Rick J. Windle, MD

2221 S 17th Street, Suite 303, Lincoln, NE 68502

PT NAME

MR #

Phone: 402-476-6626

Fax: 402-423-6492

Email:

scpc3@surgicalcarepc.com or

scpc1@surgicalcarepc.com

AUTHORIZATION FOR RELEASE OF INFORMATION

1. **Patient Name:** _____ **Birth date:** _____
Address: _____ **Daytime Telephone:** _____
 _____ **SSN#:** _____

2. I hereby authorize and request release of my medical records:
FROM: Surgical Care PC
(Health care facility to send information)
TO: _____
(Name of institution or individual to receive information)

(Street Address)

(City) (State) (Zip)

3. Information to be disclosed:
From (date) _____ **to (date)** _____
 History and Physical Examination Clinic Notes
 Operative Reports
 Pathology Reports
 Other (please specify) _____

4. Purpose of Release: Medical Care Transferring care Attorney Personal records
 Other (please specify) _____

5. This statement of consent can be revoked at any time before disclosure of the information, and expires on _____ (expiration date of event). If no expiration date or identifiable event related to the individual is listed, then the authorization expires 12 months after it is signed.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing. If I revoke the authorization, it will not have any effect on actions taken prior to receipt of the revocation.

I understand that the individual/institution that receives the information described above may not be covered by federal privacy regulations, and that the information may be redisclosed publicly and no longer be protected by those regulations.

I understand Surgical Care, PC and its affiliates will not condition evaluation or treatment on whether I sign this authorization.

Fees: I understand that federal and state laws allow a fee to be charged for the copying of medical records and I will be responsible for the payment of such fees.

(Signature of patient)

(Date)

(Signature of parent, guardian, or authorized representative)

(Relationship of above person to patient)