

Orthopedic & Sports Medicine Specialists of Green Bay
(Orthopaedic Associates of Green Bay Division)
2223 Lime Kiln Road Suite 1 Green Bay WI 54311
(920) 468-0246 Fax: (920) 569-5933

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS INFORMATION
PLEASE FILL OUT COMPLETELY

Patient Name: _____ D.O.B. _____

The individual or organization that is releasing the medical information:

Name: **ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY**
Street: **2223 LIME KILN RD**
City: **GREEN BAY** State: **WI** Zip Code: **54311**

The individual or organization that is receiving the medical information:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Type of information to be released:

X-ray CD: _____ Yes _____ No

Purpose for release of medical records:

Effective Date of Release: _____ Effective Date of Termination _____

Right to inspect or copy the information disclosed: I understand that I have a right to inspect or copy the information used or disclosed. I may contact Orthopedic & Sports Medicine of Green Bay's Privacy Officer.

I AUTHORIZE THE USE OR DISCLOSURE OF THE ABOVE NAMED INDIVIDUALS HEALTH INFORMATION AS DESCRIBED ABOVE. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION.

PATIENT NAME: _____

DATE: _____