

Optimotion Orthopaedics

5979 Vineland Rd. Suite 101 Orlando, FL 32819

Phone: 407-355-3120 / Fax: 407-355-3119

Authorization for Exchange of Confidential Information

I, _____, hereby authorize Optimotion Orthopaedics to (check one) release / obtain all medical, psychiatric, alcohol and/or drug abuse, HIV testing, ARC and/or AIDS diagnosis and information to / from:

(Name of Recipient)

(Phone/Fax Number)

(Street Address)

(City, State, Zip Code)

For the purpose of: Continued Medical Care Second Opinion Insurance Attorney Personal

I understand this consent is revocable upon written notice to Optimotion Orthopaedics, Steve Nguyen, M.D., Nam Dinh, M.D., or Sergio Martinez, D.O., except to the extent that the actions by Optimotion Orthopaedics have already been taken on by this authorization. This authorization shall remain in force for a reasonable time to accomplish the purpose for which it is given or will expire (in six (6) months).

I hereby release Optimotion Orthopaedics, and its employees, agents, officers and affiliates, from any and all legal liability, responsibility, claim and damage that may arise from the release of information as requested.

Alcohol and drug abuse information, if present has been disclosed from records whose confidentiality is protected by Federal Law. Federal regulation (42CFR, part 2) prohibits making any further disclosure of the information without the specific written authorization of the undersigned, or as otherwise permitted by such regulations.

Notice to Requesting Party: There will be cost associated with this request. Your signature on this form indicates your knowledge of the fee. The medical records will be provided after the fee is paid.

Information to Release - Check All That Apply:

- Complete Medical Record X-Ray Disc (\$10 fee) Surgical Report
 Office Notes Radiology Reports Other (Specify): _____

Records Date Range (If Applicable): _____ through _____

Format of Delivery: Fax Mail Secure Email Pick Up

Signature of Patient, Parent/Guardian, Legal Representative

Today's Date

Date of Birth