**Parkcrest Orthopedics**
*Specialist in Upper Extremities*
**James P. Emanuel MD, CIME**

# *Authorization for the Release of Information*

Patient Name: _____ M.I. ____ Last Name: _____

Address: _____ Date of Birth: _____

_____ Phone #: _____

**I authorize the below company to disclose the following medical information to Parkcrest Orthopedics:**

Company Name: _____ Contact Name: _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

Purpose of Disclosure: _____

**This authorization extends only to documents initialed below:**

_____ Office Notes from _____ to _____

_____ Lab Results Type of test: _____ Date: _____

_____ Radiology Reports Date Taken/Part of the body: _____

_____ Itemized Statement of Charges or Payments

_____ Operative Reports Date(s): _____

_____ Other (Be specific): _____

**This authorization is given freely with the understanding that:**

1. Any and all records, whether written, oral or electronic, are confidential and cannot be disclosed without my prior written authorization.
2. I have the right to inspector or copy the Protected Health Information to be used or disclosed.
3. A photocopy or fax of this Authorization Form is as valid as the original.
4. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.
5. Parkcrest Orthopedics and its workforce members are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
6. I understand that I may revoke this authorization at any time except to the extent that prior action has been taken in reliance on this Authorization. This Authorization will expire 90 days from the date it is signed if I do not cancel it in writing prior to the expiration date. Any cancellation must be mailed, faxed or delivered to the address below.

_____ _____

Please print patient's name Date

_____

Patient's signature (or personal representative)


## James Emanuel MD, CIME

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Address: 845 N. New Ballas Ct. Suite 130, Creve Coeur, MO 63141