

**Orthopedic Associates**  
**Please complete entire form**

This form is to be use by patients to request confidential communication of their protected health information (PHI). We are required by law to accommodate reasonable requests by individuals to receive communications of protected health information by alternative means or at alternative locations.

I \_\_\_\_\_, hereby authorize Orthopedic Associates, LLC.

To \_\_\_ release \_\_\_receive information \_\_\_ to \_\_\_ from: \_\_\_\_\_  
(check one)

Address of receiving party: \_\_\_\_\_

Form of communication: Fax Number or Encrypted e mail: \_\_\_\_\_

To have documents uploaded to OA Patient Portal please sign here: \_\_\_\_\_

Information pertaining to my care or as requested below:

Office Notes	X-rays
History and Physical	Physical Therapy Notes
Operative Records	MRI, Bone & C.T. Scan Reports
Laboratory Results	Medications
Other	

Intended use of Records:

2<sup>nd</sup> Opinion/Continued Care                      Personal

The following information may also be released:

Drug Abuse, if any	Alcoholism or alcohol abuse, if any
Sickle Cell Anemia, if any	HIV/AIDS information, if any
Psychological/Psychiatric Conditions, if any.	

Patient Legal Printed Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

- This request is valid for 1 year from date of signature unless otherwise noted.
- There is a fee for copied records for personal use. (Please see attached)
- Please allow 7-10 business days for processing. There is a \$25 fee for a rush processing

Electronic Signature Agreement. By typing your name on this form and selecting the "submit" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Release scanned to chart      Payment pending      Advisement: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_      Faxed      Mailed      E-Mailed      Pick up

Portal

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**4700 E. Hale Pkwy., Suite 550 Denver, CO 80220**  
**Office Phone 303-321-6600 Fax 303-370-2668**