

Augusta Orthopedic and Sports Medicine Specialists, P.C.

PO Box 14039
Augusta, GA 30919

Phone: (706) 863-9797
Fax: (706) 860-7686

Myron D. F. Collins, M.D.
Robert L. Brand, M.D.
Justin V. Bundy, M.D.
Scott R. Duffin, M.D.
J. Wendell Duncan, M.D.

John H. Franklin, M.D.
David Gallagher, M.D.
Arlon H. Jahnke, M.D.
Richard W. Pope, M.D.
C. Mark Thigpen, M.D.

F. Andrew Eberheart, PA-C, ATC/L
Anthony Palazzo, PA-C
Michael F. Pruitt, PA-C
Ashley Michelle Shelton, PA-C

AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or a health care provider, the released information may be redisclosed and may no longer be protected by federal privacy regulations.

Patient Name: _____ DOB: _____

Patient Phone: _____

Persons/Organizations authorized to release the information: _____

Persons/Organizations authorized to receive the information: _____

Specific description of information (including date (s)): _____

The patient or the patient's legal representative must read and initial the following statement:

1. I understand that this authorization will expire _____ Initials: _____

2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do it will not have an effect on any actions taken before the organization received the revocation.

Initials: _____

To Be Completed by Augusta Orthopedic and Sports Medicine Specialists, P.C.:

1. The purpose of the use or disclosure is: _____

2. The information will be used in the following manner: _____

3. Augusta Orthopedic and Sports Medicine Specialists, P.C. will not receive direct or indirect remuneration or disclosing the information listed above.

NOTICE TO PATIENT: The patient or the patient's legal representative may inspect and/or copy the protected health information to be disclosed in accordance with Augusta Orthopedic and Sports Medicine Specialists, P.C. access policies.

Augusta Orthopedic and Sport Medicine Specialists, P.C. does not limit its right to make use or disclosure of your information that is required by law or permitted to avert a serious threat to the health or safety to the public.

****PLEASE ALLOW A MINIMUM OF 10 AND UP TO A MAX OF 30 WORKING DAYS FOR RECORDS TO BE COPIED. THERE IS A COPY FEE OF .97 CENTS PER PAGE.**

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Representative

Relationship

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.

Augusta Orthopedic and Sports Medicine Specialists, P.C. WILL NOT CONDITION TREATMENT OR PAYMENT ON THE PROVISION OF THIS AUTHORIZATION.