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ORTHOPEDIC CARE PHYSICIAN NETWORK
& REHABILITATION SERVICES

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Medical Records Release

I, _____, DOB _____
authorize Orthopedic Care Physician Network, to release medical information to the following:

Where are we sending the records?

Recipient : Boston Sports + Shoulder Center

Address: 840 Winter Street
Waltham, MA 02451

Recipient's Phone # 781 890 2133

Recipient's Fax # 781 890 2177

Purpose of Release:

- ☐ Personal
- ☐ Insurance
- ☐ Disability
- ☐ Legal
- ☑ Transfer of Care
- ☐ Primary Care
- ☐ Other (please specify): _____

What information should be released? (please specify)

- ☑ Entire medical record
- ☐ Record from dates _____ to _____
- ☐ Disc with imaging _____
- ☐ Billing statements for dates _____ to _____
- ☐ Physical therapy notes _____
- ☐ Surgery/ Operative notes _____
- ☐ Imaging reports _____

A fee may be required for your medical records

Patient's Signature: _____

Patient's Phone #: _____ ***Date:*** _____

Confidentiality Notice: Confidential Health Information Enclosed

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient of under circumstances that do not require patient authorization. You the recipient are obligated to maintain it in a safe, secure and confidential manor. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to recipient, you are hereby noufied that any disclosure, copying or distribution of this information is STRICTLY PROHIBITED. If you receive this message in error, please notify the sender immediately to arrange return or destruction of these documents.