



Western Pennsylvania Orthopedic & Sports Medicine, Inc.

2 Celeste Drive
Johnstown, PA 15905
Office: (814) 255-6781
Fax: (814) 255-5716
www.westernpaortho.com

Don A. Lowry, MD
Richard D. Schroeder, MD
Ian Katz, MD
Vincent E. Vena, MD
Christopher T. Donaldson, MD

Oleg Cooley, PA-C
James Burda, PA-C
Anthony Rentz, PA-C
Jesse Potchak, CST
Robert Hood, CST

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Int. _____

I hereby authorize and direct Western PA Orthopedic & Sports Medicine, Inc.

to release to: Name: _____

Address: _____

Phone Number: _____ FAX Number: _____

my medical record and protected health information as requested below.

The specific medical records requested are: Body part: _____

Date range: _____

These medical records should be:

Mailed _____ Faxed _____ or Patient pickup _____

Do you need a CD of your x-rays? YES ___ NO ___ If yes, of which body part _____

The CD should be: Mailed _____ or Patient pickup _____ Date of pickup _____

MRI scan, CT scan, bone scan, etc. needs to be obtained from the Imaging Facility where the test was performed.

If records are being released to a physician for your appointment, please enter appointment date _____

If records are being released to you, there is a charge of \$1.42 per page plus postage. An invoice will be mailed to you. When payment is received, your records will be mailed to you.

PATIENT NAME _____ DOB _____ SS# _____

ADDRESS _____ PHONE: _____

Signature of Patient or Legal Guardian _____ Date _____

I expressly understand and agree that no liability of any nature shall attach to any physician, surgeon, hospital or employer and their respective employees in acting upon this authorization and request. A photostat of this authorization shall be considered as valid as the original. This authorization is effective unless revoked or terminated by the patient or patient's personal representative. You may revoke or terminate this authorization by submitting a written revocation to W PA Ortho. You need to request in writing that the privacy officer send you the proper forms that relate to your request. You must complete the proper form and mail back to the privacy officer. Information that has been disclosed under this authorization may be disclosed again by the person (s) and organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.