



ORTHOPAEDIC ASSOCIATES

of Wisconsin

There is a Difference.

Authorization for Disclosure of Protected Health Information Form

Completion Instructions (PATIENTS)

Complete all Sections of the Authorization Form

- 1. Section 1 (Patient Information):** Add patient identifiers and contact information.
- 2. Section 2 (Please Release my Records From):** This section has been completed for you as our records are released from our Golf Road location.
- 3. Section 3 (Please Release my Records To):** List the person, health care provider or other entity who will be receiving the information.
- 4. Section 4 (Records I would like to Release):** Select the appropriate box(es) to identify the specific information to be released or use the "Other" line to specify what is needed.
- 5. Section 5 (Year of Service/Part of Body):** List the date range and/or the Part of the Body for the information you want released.
- 6. Section 6 (Purpose):** Choose a purpose (why these copies are needed) by selecting the appropriate check box. More than one box can be checked.
- 7. Section 7 (Release By):** Choose a method of receiving the information you want.
 - When choosing the pick-up option, make sure to mark which OAW location you want to pick up the information at.
 - When choosing the email option, make sure to enter a valid email address. Please check your spam folder in case the requested information ends up in there instead of your inbox.
 - When choosing the fax option, make sure to include the receiver's fax number.
- 8. Section 8 (Your Rights):** Please read this section regarding patient rights with respect to this authorization.
- 9. Section 9 (Expiration Date):** Add the expiration date of this authorization if you want it to be shorter or longer than our six-month option.
- 10. Section 10 (Signature of Patient/Legal Rep):** Signature of the patient or the patient's legal representative and date of signature. If a legal representative or someone other than the patient is signing, state your relationship to the patient. Proof may be required.

***** Please note that when you or your designated person come to an OAW location to pick up records, you must show identification. *****

If you have any questions about how to complete this form, please contact the OAW Health Information Management Department at 262-303-5055. You can drop off the completed form at any of our locations. Our fax number to send this form to is 262-303-5036. The completed form can also be emailed to us at medrecs@orthowisconsin.com