

# SPORTS & ORTHOPAEDIC SPECIALISTS

SPORTS & ORTHOPAEDIC SPECIALISTS OF ARIZONA, LLC  
3487 S. Mercy Road • Gilbert, Arizona 85296  
Tel 480-222-5601 • Fax 480-222-5607

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient's Name:    MRNO: \_\_\_\_\_  
Last First MI  
Patient's Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Patient's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Please Check  
Appropriate  
Box**

- I hereby authorize **SOS** to send / release photocopies of medical records concerning the above named patient to NAMED RECEIVER LISTED BELOW
- I hereby authorize the PROVIDER LISTED BELOW to send / release photocopies of medical records concerning the above named patient to **SOS**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

FOR THE PURPOSES HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL:

1. CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661)
2. CONFIDENTIAL COMMUNICABLE DISEASE-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661)
3. CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ.)
4. CONFIDENTIAL MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION.
5. CONFIDENTIAL GENETIC TESTING INFORMATION (AS DEFINED IN A.R.S. SECTION 12-2801)

I may revoke this authorization at any time providing I notify the above listed doctors in writing to that effect. I understand that any release made prior to my revocation in compliance with this authorization shall not constitute a breach of my right to confidentiality. **I HEREBY RELEASE Sports & Orthopaedic Specialists, LLC FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM ANY ACT AUTHORIZED ABOVE.**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Legally Authorized Representative

\_\_\_\_\_  
Relationship to Patient

Reason patient was unable to sign release: \_\_\_\_\_  
PATIENTS 18 YEARS AND OLDER MUST SIGN OWN RELEASE