

PRIVACY ACT AND AUTHORIZATIONS

Due to recent changes in the Federal Laws regarding Privacy for the medical patient our authorizations are more extensive than ever before. Please understand that the goal of Orthopedic Group of Birmingham is to administer the best medical care available in the most efficient manner. At all times, to the best of our abilities we will protect your privacy. Please understand that in the normal course of running our medical office discussions can sometimes be overheard. Ask us, at any time, if you would like to assure a totally confidential discussion with the doctor or the business office.

PLEASE READ CAREFULLY THE AUTHORIZATIONS BELOW AND SIGN APPROPRIATE ONES.

RELEASE OF MEDICAL RECORDS:

I hereby authorize Orthopedic Group of Birmingham to furnish my chart information, including x-ray copies to my insurance carriers or to any medical facility or physician involved in my care. I understand that this information may be transmitted by facsimile, phone or mail.

Signature of Patient (if under age 14 must be signed by parent or guardian)

RELEASE OF PHYSCOTHERAPY RECORDS:

I hereby authorize Orthopedic Group of Birmingham to furnish any and all physcotherapy records in my chart to my insurance carriers or to any medical facility or physician involved in my care. I understand that this information may be transmitted by facsimile, phone or mail.

Signature of Patient (if under age 14 must be signed by parent or guardian)

PEDIATRIC PATIENTS (ages 14-19)

I hereby authorize Orthopedic Group of Birmingham to discuss my condition and treatment plan with my parent or guardian. I understand that I may ask for a private consultation with Dr. Elkus.

Signature of patient age 14-19 only

Date

AUTHORIZATION TO DISCUSS MEDICAL CONDITION WITH FAMILY

On occasion it may be necessary for Orthopedic Group of Birmingham to discuss my condition with members of my family. I authorize the doctor to speak with:

All Family Members

Only the Following Family Members:

Name

Phone

Relationship

Name

Phone

Relationship

Signature of PATIENT

Date

