

# Authorization for release of protected health information



## Patient information

Last name	First name	Middle Initial	Date of birth
Address	City	State	Zip
Phone #	SSN		
<b>Date of request</b>		<b>Date needed</b>	

## Authorization Complete one box only

<input type="checkbox"/> I authorize Greater Rochester Orthopaedics to release information to: Name of provider or facility Address City State Zip Phone number (inc. area code)	<input type="checkbox"/> I authorize Greater Rochester Orthopaedics to obtain information from: Name of provider or facility Address City State Zip Phone number (inc. area code)
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## Purpose for this request Check one box only

Healthcare
  Insurance coverage
  Legal
  Personal
  Other

## Type of records requested Check one box only

Progress notes
  Diagnostic reports
  Operative reports
  Entire copy of my record

### All medical records related to a specific illness or injury

Specify illness or injury: \_\_\_\_\_ Date(s) of treatment: \_\_\_\_\_

## Authorization valid for Check one box only

This request only
  One year from the date of this authorization

## Statement to release protected health information

### I understand that:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a **written** request to Greater Rochester Orthopaedics, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be redisclosed.
- Release of HIV-related information, mental health related care, or substance abuse diagnosis and treatment information requires additional authorization.
- There may be a charge for the requested records, not to exceed 75¢ per page.

### Note: Medical records are faxed in cases of medical necessity only

Signature of patient or representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient (if requester is not the patient) \_\_\_\_\_

FOR INTERNAL USE ONLY    DATE RECEIVED: \_\_\_\_\_    DATE PROCESSED: \_\_\_\_\_    INITIALS: \_\_\_\_\_

### Greater Rochester Orthopaedics, PC

General and Specialty Orthopaedic Surgery

Linden Oaks Medical Campus  
30 Hagen Drive, Suite 220  
Rochester, NY 14625-2658

Culver Medical Park  
2621 Culver Road  
Rochester, NY 14609-1746

Lyell-Gates Office  
2211 Lyell Avenue, Suite 107  
Rochester, NY 14606

(585) 295-5350

Out of area: 1-800-724-7712  
www.gro-md.com

### Orthopaedic Surgeons

**Gregory S. Finkbeiner, MD**  
Joint Replacement Surgery /  
Foot & Ankle

**Joshua R. Olsen, MD**  
Sports Injury / Arthroscopy /  
General

**Benjamin Plucknette, DO**  
Hand & Upper Extremity

**Frank Puppato, MD**  
Joint Replacement Surgery

**Everett S. Weiss, MD**  
Joint Replacement Surgery

**Michael C. Yip MD**  
Shoulder & Elbow

### Physician Assistants

Nicholas Briggs, PA-C

Timothy Bucklaew, PA-C

Jessica Calzolari, PA-C

Thomas Frosini, PA-C

David Panicia, PA-C