

# OLSEN ORTHOPEDICS

## HIPAA RELEASE

### Release of Medical Information to Others Involved in Your Healthcare

As stated on the Patient Information sheet, we will not disclose to a member of your family, a relative or close friend any protected health information that directly relates to your health care **unless we have written permission from you**. We request that you designate those individuals with whom we may discuss your protected health information. **Other persons calling about your appointment, billing, or direct health care issues will be refused this information.**

I give OLSEN ORTHOPEDICS permission to discuss my protected health information with the following persons:

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This release includes information between OLSEN ORTHOPEDICS and any other health care provider associated with my care (i.e. physical therapy, medical records, radiology, and other physician's offices).

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

I understand that I may need to rescind or modify this permission at any time. Such change must be done in writing to OLSEN ORTHOPEDICS.