



14 Thomas Point Road  
Brunswick, ME 04011  
Phone (207) 442-0325 Fax (207) 443-4578

**MEDICAL RECORDS RELEASE/AUTHORIZATION**

I hereby authorize and request \_\_\_\_\_ to release records to:

**Coastal Orthopedics and Sports Medicine, Brunswick, ME**

FAX: 207-443-4578

TEL: 207-442-0325

(Note: If you are requesting your own records, and are going to pick them up please note that on the release; otherwise they will automatically be mailed to you)

- All of my medical records information including history, dates, course/summary of treatment received here
- Statements I added to my medical records, with responses, if any
- Only, (specify) \_\_\_\_\_

This information may be used for:

- Ongoing treatment/aftercare
- Other: \_\_\_\_\_

**I understand that my express consent is required to release any health care information relating to testing, diagnostic and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric care, mental health or substance abuse of any kind. If I have been tested and/or treated for any of the above you are specifically authorized to release all health care information pertaining to such diagnosis, testing and/or treatment.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

SSN (optional) \_\_\_\_\_

**I understand that I may revoke all or part of this authorization at any time by notifying this office in writing, subject to the rights of anyone who received or disclosed information prior to receiving my revocation; I may refuse to disclose all or some of the information in my medical records; a refusal or revocation to release some or all information may result in improper diagnosis or treatment; I may have a copy of this form upon request; I may cross out any words on this form with which I disagree.**

Patients Signature \_\_\_\_\_ Date \_\_\_\_\_