



**Bluegrass
Orthopaedics
& Hand Care**

Authorization for Release of Information

Harry Lockstadt, M.D.

Greg D'Angelo, M.D.

Veronica A. Vasicek, M.D.

Norman H. Ellingsen, M.D.

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William L. O'Neill, M.D.

J. Martin Favetto, M.D.

Jason S. Harrod, D.P.M.

Dirk G. Franzen, M.D.

Wallace L. Huff, Jr., M.D.

Acct #: _____
 Patient Name: _____
 Date of Birth: _____
 Social Security Number: _____

I hereby authorize _____

Address: _____

Ph: _____

Fax: _____

To disclose my health information as described below to:

Bluegrass Orthopaedics & Hand Care
3480 Yorkshire Medical Park
Lexington, KY. 40509
Ph. (859)263-5140
Fax (859)263-5141

Information to be release:
 _____ Physician Progress Notes
 _____ Work Status
 _____ Radiology Report
 _____ Completed Chart

I am requesting for additional information to be released (**this information will not be disclosed unless indicated**):

_____ Patient Billing
 _____ Radiology Films

Date

Signature of Patient or Guardian

Witness

3480 Yorkshire Medical Park
 Lexington, Kentucky 40509
 859 • 263 • 5140
 859 • 263 • 5141 FAX

Toll Free 1 • 888 • 422 • 3170
 www.bluegrassortho.com

If patient is unable to sign, please indicate reason below
 _____ Deceased (must have administrative documentation)
 _____ Minor (emancipated minor may sign for self)
 _____ Incapacitated

Release of medical information provided to our physicians from other healthcare facilities and providers is prohibited by Federal Law. To obtain information from other providers and facilities, you must contact that facility or physician directly.

This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.