



Bluegrass Orthopaedics Authorization Form

3480 Yorkshire Medical Park Lexington, KY 40509 (859)263-5140 / fax (859)263-5141

I _____, hereby authorize Bluegrass Orthopaedics to use and/or disclose my protected health information described below to Self and/or _____

My protected health information will be used or disclosed upon request for the following purposes (please name and explain each purpose): Person

This authorization for use and/or disclosure applies to the information described below (mark those that apply):

☐ Any and all records in the possession of Bluegrass Orthopaedics including mental health, HIV, and/or substance abuse records (cross out any item you do not authorize to be released)

☐ Itemized billing statement

☐ Records covering the period of time _____ to _____

☐ Records regarding treatment for the following condition or injury _____

☐ X-Rays

☐ MRI

☐ Other (please specify – include dates): _____

I understand that I have the right to revoke authorization in writing at any time by sending such written notification to Manage –Health Information. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that Bluegrass Orthopaedics may not condition treatment or payment on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal laws & regulations regarding the privacy of my protected health information.

This authorization expires one year from the date signed **OR** in the event of _____.

Signature of Patient / Personal Representative

Date

Printed Name of Patient / Personal Representative

Description of Personal Representative's Authority

Acct#

DOB

Social Security #

Please Return Form to BGO Medical Records | Fax (859) 787-0540 or Email medical.records@bluegrassortho.com