



Daniel J. Mullen, M.D.

Kelly F. Connor, P.A.-C.

Authorization to Release Medical Information

Patient's Full Name: _____ DOB: _____

Patient's Full Address: _____

Phone Number: _____

**I authorize Mullen Orthopedic Clinic to: Request &/or Release
Healthcare Information, of the patient named above, as indicated below:**

Please release the following information from my medical record: check all that apply

_____ Complete Record _____ Operative Report(s) _____ Radiology Report(s) _____ Lab Report(s)

_____ Radiology CD _____ Other (please list) _____

Release Information to/from: _____

NAME / TITLE of PERSON

PHONE & FAX #

Doctor / Agency / Hospital Name

Street Address

City, State, Zip



PLEASE ALLOW 10 – 14 BUSINESS DAYS FOR COMPLETION AND PLAN ACCORDINGLY



Patient Signature or Legal Guardian

Print Name

Date

This authorization will expire on: _____

I understand that the medical information released by this authorization may include confidential information concerning treatment of physical and/or mental illness, alcohol/drug abuse, HIV/AIDS and past medical history.

I understand this authorization will expire, without my express revocation, either one year from the date of signing, or if I am a minor, on the date I become an adult according to state law, whichever occurs first. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on it. I u

nderstand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company when the law provides my insurer with the right to contest a claim under my policy or the policy itself.

Important Warning: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver to the intended recipient, you are hereby notified that any disclosure, copying or distributing of the information is Strictly Prohibited. If you have received this message in error, please notify the sender immediately, and destroy these documents.