TOWN CENTER ORTHO ASSOC (TCOA) 1860 TOWN CENTER DRIVE #300 RESTON, VA 20190 Ph 703-435-6604 Fax 703-787-6575

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print patients full name) (Street address)		Birth date (Mo/D	Birth date (Mo/Day/Yr) Social security number (optional)	
		Social security n		
(City, state, zip code)		Phone (Home)		
(Parent/Guardian if Patient<18 yrs) At the request of the individual, SERVICE DATES OF	IPatient Name	, do hereby a	uthorize <u>TCOA</u> to release:	
OPERATIVE NOTESOFFICE NOTES	RADIOLOGY REPORTS _LAB/PATH REPORTS	ENTIRE CHART SPECIFIC INJURY	PHY THERAPY	
I do I do NOT	Syndrome) or HIV (Huma	nation related to AIDS (Acq n Immunodeficiency Virus) ssment, and treatment for alc	Infection, psychiatric care	
INFORMATIONRELEASED TO:	Name of Company/Agency/Facility/Person			
	Street address			
e-delivery available to PURPOSE OF DISCLOSURE REFERRAL TO SPECIALIST LEGAL INVESTIGATION OTHER (SPECIFY)	E:INSURANCEDISABILITY DETERM		m available from TCOA COMPLEAVING PRACTICERELOCATION/MOVING	
I hereby authorize disclosure of the her I understand that I may cancel this cancellation. I understand that the informand would then no longer be protected condition its treatment of me on whether NOTE: HEALTHPORT WILLIAM CARE AT NO CHARGE. RE	alth information for the above narequest with written notification remation used or disclosed may be by federal regulations. I underser or not I sign the authorization. LL PROVIDE ONE COPY CORDS WILL BE SENT	med patient. This authorization is a but that it will not effect any e subject to re-disclosure by the petand that the medical provider to Y OF RECORDS FOR PETANDARD MAIL.	valid for 12 months from the date of signature, information released prior to notification of erson or class of persons or facility receiving it, whom this authorization is furnished may not CRSONAL USE, OR CONTINUING HEALTHPORT DOES NOT FAX. + \$0.25 EACH, PLUS POSTAGE.	
Signature of individual or gua Personal Representative of pa <u>MI</u>	tient's estate Power of A	ttorney Must Be Attached N RELEASED BY HEALT		
ENTIRE LAB DS EKG OP X-Ray HP PATH Revised 03.2012	EKG IMMUNE OTHER	ROI SPECIALIS DATE	ST	