



Premier Orthopaedics and Sports Medicine

Setting a Higher Standard

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AUTHORIZATION TO RELEASE INFORMATION TO FAMILY MEMBERS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Healthcare Providers to ensure certain measures are in place to maintain the security and protection of your medical information. HIPAA does not allow the sharing of your medical information with anyone other than you. Therefore, Premier Orthopaedics and Sports Medicine is requiring each patient to give written permission to release/share their medical information with other individuals.

By signing this form, you are allowing Premier Orthopaedics and Sports Medicine permission to share the indicated information with the following individuals.

You may revoke this consent, in writing, at anytime.

- Appointments
- Laboratory and Pathology Results
- Treatment Plan/Summary
- Medications
- Billing Information
- All of the above

Name of Person

Relationship to Patient

Name of Person

Relationship to Patient

Name of Person

Relationship to Patient

Name of Person

Relationship to Patient

I, _____, give Premier Orthopaedics and Sports Medicine permission to release the above indicated information with the individuals listed. This release will expire 1 year from the date on which it was signed.

Printed Name of Patient

Signature of Patient

Date