

Wardell Orthopaedics, P.C.

Arthur W. Wardell, M.D.

Michael T. Ratanataya, PA-C

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Authorization for Release of Medical Records

Please note that the law allows the physician two weeks to comply with your request. It also permits the office to charge a reasonable fee for preparing records and photocopying.

PATIENT ID: _____

PATIENT'S NAME: _____ OTHER ID: _____

PATIENT'S ADDRESS: _____
SSN: _____ DOB: _____ HOME# _____ CELL# _____

I request that my medical records be released to:

- ☐ Wardell Orthopaedics, P.C.
☐ Self

- ☐ Physician: _____ Fax#: _____
☐ Mail records to: _____
☐ Other, Please Specify: _____

I request the following medical information be released:

- ☐ Entire Chart
☐ Physical Therapy Notes
☐ Office Notes
☐ Appointment information - verify, cancel and schedule for patient
☐ Other, Please Specify: _____

I understand that I have a right to revoke this authorization at any time. Please see our Privacy Official for instructions as to how to revoke this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date: _____. If I fail to specify an expiration date, this authorization will expire in one (1) year.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment.

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Wardell Orthopaedics, P.C. Privacy Official at (757) 215-1400.

PATIENT SIGNATURE: _____ DATE: _____

If Signed by Legal Representative, Relationship to Patient

rev. 01-01-26/AB

1020 Bon Secours Drive ▪ Suite 105 ▪ Suffolk, Virginia 23435 ▪ Phone (757) 215-1400 ▪ Fax (757) 215-1403

****We have NOT moved, this is a USPS address change effective January 1, 2025****