Wardell Orthopaedics, P.C.

Arthur W. Wardell, M.D.

Michael T. Ratanataya, PA-C
Danielle M. Lacorazza, PA-C

Elizabeth T. Lester, Administrator

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

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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. 01-01-25/bec

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