

Orthopaedic Knee Shoulder and Sports Surgery

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PERMISSION FOR RELEASE OF MEDICAL RECORDS

As a service to our patients we will be happy to forward your medical records after each office visit to either an email address or a fax number of your choice. Please instruct us as to how and where you would like to receive your records. By allowing the practice to forward your records be advised that the email or fax number that you are selecting to use should be controlled and secure to the extent that you are comfortable having personal medical information forwarded. Because email does not currently meet with HIPAA compliance, our office and staff will have no liability associated with any disclosure of your personal medical information to any other individual once we are directed by you as noted below:

Personal Fax Number: _____

OR

Personal E-mail Address: _____

Signature of Patient

Date

Notice of Privacy Practices & HIPAA: Please initial to confirm that you have reviewed a copy of the Notice of Privacy Practices & HIPAA.

Patient Initials: _____ Date: _____ Chart Number: _____

Preferred Language: _____ Ethnicity: _____ Race: _____

Preferred Pharmacy: _____ Phone: _____