Name:
Date:

CASCADE ORTHOPAEDICS
www.cascadeortho.net

Roger Blauvelt, M.D. • Robert Carlson, M.D.• Alan Chen, M.D.• Susie Kwon, M.D.
Richard P. Martin, M.D.• Donna Smith, M.D.• Brereton Strafford, M.D.• Andelle Teng, M.D.

AUTHORITY TO RELEASE MEDICAL INFORMATION

Mail ☐ Pick-up ☐ Fax ☐

Patient Name: _____ DOB: _____

Patient Address: _____

Former Name: _____ Social Security Number: _____

Daytime Phone Number: _____

INFORMATION TO BE RELEASED FROM:

I hereby authorize (Name or Organization): _____
to release the following medical information contained in the patient's medical record.

Address: _____
Street City State Zip

INFORMATION TO BE RELEASED TO:

Name of Organization: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Purpose or need for this information is: _____

TYPE OF INFORMATION TO BE RELEASED: DATES OF TREATMENT

I. GENERAL RELEASE (Type of Record:)

Medical records/excluding protected records (this will be limited to 3 years of information including Lab, X-ray reports, unless otherwise stated)	From _____ To _____
Lab Results (specify)	From _____ To _____
Other Records (specify)	From _____ To _____
X-Ray Films Needed? (specify part of body)	**Yes** _____ **No** _____

II. INFORMATION PROTECTED BY STATE/FEDERAL LAW:

Drug abuse diagnosis/treatment	From _____ To _____
Alcoholism diagnosis/treatment	From _____ To _____
Mental health diagnosis/treatment	From _____ To _____
Sexually transmitted disease/treatment or counseling (includes AIDS/HIV)	From _____ To _____

PATIENT AUTHORIZATION TO RELEASE MEDICAL INFORMATION:

Signature of patient or legally responsible party Relationship to patient Date

Authorization valid for 90 days only and may be revoked in writing at any time prior to 90 days by notifying the medical secretaries. (To be valid, authorization must be signed and dated.)

AUBURN
122 - 3rd St. N.E.
Auburn, WA 98002
Office (253) 833-7750
Fax (253) 833-7469
medrec@cascadeortho.net

BONNEY LAKE
21525 SR 410 East, Ste. A
Bonney Lake, WA 98391
Office (253) 862-2920
Fax (253) 833-7469