

Medical Records

How to Obtain Your Clinic Medical Records

If you would like to personally pick up your records

- *Specify on your request that you would like to pick up your records
- *Be sure to provide a contact phone number where we can reach you
- *If records are needed by a specific date, please specify that on your request
- *A valid driver's license or other form of picture identification is required to pick up copies of your records.

There may be a charge for your records

- *There is no charge for records if you need them for continuation of care
- *If you are requesting records for personal use there is .50 cents per page charge for the copies.

How long should the process take?

- *In most cases record copies are available in less than a week.
- *Some requests take longer to process. If you have questions you may call the number above to verify the status of your request

FOOT & ANKLE SPECIALISTS

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402-932-4727

AUTHORIZATION FOR DISCLOSURE of PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____ City /State/ Zip _____

Contact Phone #: (_____) _____ Previous Name (if applicable): _____

I hereby authorize FOOT & ANKLE SPECIALISTS

To **REQUEST** information for the medical record of: _____

(PATIENT NAME)

FROM:

Name of Doctor or Facility: _____

Address: _____ City / Zip _____

Phone _____ Fax _____

I hereby authorize FOOT & ANKLE SPECIALISTS

To **RELEASE** information from the medical record of: _____

(PATIENT NAME)

To: Self Doctor Facility Other: _____

Name: _____

Address: _____ City /State/ Zip _____

Phone _____ Fax _____

For The Reason of: Personal File (.50 per page charge) File Disability/FMLA

Other/ Reason: _____

Delivery Method: Mail to the above Will Pick Up when ready: ID Check Required

Specific Date Records Needed By: _____

The Following Information Requested: (Check all that apply)

- Doctor Dictated Progress/Visit Notes
- Physical Therapy Dictated Progress/Visit Notes
- X-ray Reports(to include any MRI, CT results)
- Digital Copy X-ray (CD cannot be faxed)
- Lab Reports
- Other: _____

Please note, items will not be faxed if file is more than 25 pages

Special Limitation to EXCLUDE the following protected information from this authorization:

- HIV/AIDS related testing
- Mental Health
- Chemical Dependency (Drug/Alcohol)

This authorization may be revoked at any time by notifying FOOT & ANKLE SPECIALISTS in writing. This Authorization will remain in effect for 120days.

Signature of Patient, or Legal Guardian (Parent or Guardian must sign if patient is minor)

DATE