

COMMONWEALTH ORTHOPAEDIC ASSOCIATES

A division of Keystone Orthopaedic Specialists, LLC

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____ Social Security Number (last 4 digits) _____

Address: _____ City _____ State _____ Zip _____

Date of birth: _____ Phone #: Home _____ Cell _____ Work _____

I authorize a representative from Commonwealth Orthopaedic Associates to disclose the above-named individual's health information as directed below:

INFORMATION RELEASED TO:

Name of Company/ Agency/ Facility/ Person

Complete Street Address

City, State, Zip Code

This section **MUST BE** complete or your request will not be processed.

INFORMATION TO BE RELEASED:

Complete medical record (please specify dates of service) _____

..... -OR-

Partial medical record (please specify below)

Table with 4 columns: Information, Dates, Information, Dates. Includes checkboxes for Office notes, Radiology reports, Laboratory reports, Operative reports, Physical Therapy, Consultation reports, Discharge summaries, History & Physical, Emergency reports, Cardiology reports/tests, XRAY FILMS, MRI FILMS, and Other.

NOTE: CIOX Health has been contracted to process your medical records request. There are fees involved with this service which are explained on the attached information page from CIOX Health. You will be invoiced directly from CIOX Health. CIOX Health addresses our requests one time per week. This process will take a minimum of 7-14 days, so please plan your requests accordingly. We cannot accommodate requests within a shorter timeframe.

I do I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

PURPOSE OF REQUEST:

- Continuing care Personal copy Change of doctor Worker's comp Insurance Disability Determination Other _____

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 1 year from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of patient / legal guardian or Personal Representative of patient's estate

Date

MEDICAL INFORMATION RELEASED CIOX

Entire _____ Lab _____ EKG _____ HP _____ DS _____ EKG _____ IMMUNE _____ PATH _____ OP _____ X-Ray _____ OTHER _____

ROI SPECIALIST # of pages _____ Date _____



Information About Your Medical Record Request

Dear Patient,

This facility has partnered with CIOX Health, the nation's largest provider of release of medical information services, to process and fulfill your request for a copy of your medical record.

A CIOX Health client services representative digitally captures your protected health information from the facility's medical record through our confidential, secure technology platform. Your medical record information is then digitally transmitted to our Release of Information Processing Center, where it is packaged and mailed or electronically delivered to you, via our eDelivery functionality, all in a HIPAA-compliant format.

Due to the strict procedural and highly regulated steps involved in this process, known as the release of information process, there are costs associated and, therefore, a fee is charged for this service. The fee charged is detailed below:

Format of Original Patient Record	Produced/Requested Medium and Cost	
	Cost for delivery in electronic format (CD/USB/download or portal):	Cost for record delivered in Paper
Electronic or Hybrid (part electronic part paper)	<ul style="list-style-type: none"> • \$6.50 flat fee for electronic portion • Plus, if applicable, \$0.07 per page for CIOX Health's labor cost to create and deliver the portion of record maintained in paper • plus sales tax as applicable 	<ul style="list-style-type: none"> • \$0.07 per page for CIOX Health's labor cost to create and deliver the portion of record maintained in paper • Plus, if applicable, the lower of cost under state regulated patient rates or \$0.90 for CIOX Health's average labor cost to create and deliver the portion of record maintained electronically • Plus \$0.05 per page for supplies (paper and toner) • Plus actual postage if mailed • plus sales tax as applicable
Paper	<ul style="list-style-type: none"> • \$0.07 per page for CIOX Health's labor cost to create and deliver the portion of record maintained in paper Plus actual postage if mailed • plus sales tax as applicable 	<ul style="list-style-type: none"> • \$0.07 per page for CIOX Health's labor cost to create and deliver the portion of record maintained in paper • Plus \$0.05 per page for supplies (paper and toner) • Plus actual postage if mailed • plus sales tax as applicable

While CIOX Health is under contract with this facility to provide release of information services, we are also committed to providing you with your requested medical record in an efficient and highly secure manner. We want to make sure you understand the process in which your records are provided and the costs associated with obtaining them.

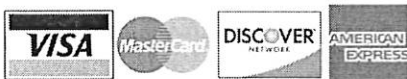
Please don't hesitate to contact us at 800.367.1500 if you have any questions about the services CIOX Health provides on the facility's behalf, or about the bill you may receive as a result of your request for medical records.

Thank you,

CIOX Health



The fee should be remitted to CIOX Health as directed on the invoice you receive. Payment can be accepted in the following forms:



Checks are also acceptable and should be made payable to CIOX Health. Patients may also pay for their invoices online at www.healthportpay.com.

Commonwealth Orthopaedic Associates started electronic medical records on March 22, 2016, with the exception of Drs. Hurley and Collina who continued to document on paper. Your record may be part paper and part electronic if you were treated both before and after March 22, 2016.