THE SHOULDER CLINIC
OF IDAHO P.L.L.C.

8854 W. Emerald St. Suite 102
Boise, ID 83704

Office: 208.323.4747 Fax: 208.323.4848 Toll free: 866.786.9400

Patient Name:	
DOB:	SSN:

THIS IS TO AUTHORIZE RELEASE OF MEDICAL INFORMATION REGARDING THE ABOVE-NAMED PERSON

RECORDS SENT TO:

ADDITIONAL INFORMATION:

INFORMATION REQUESTED – please check all requesting

- ○ History & Physical
- ○ Clinic Notes
- ○ Consultation
- ○ X-rays
- ○ Other _____

- ○ Operative Report
- ○ MRI Report
- ○ Labs

- ○ Discharge/Transfer
- ○ CT Report
- ○ Radiology Report

I acknowledge that data to be released MAY INCLUDE material that is protected by Federal law and that is applicable to substance abuse, mental health treatment information, HIV (AIDS) test results.

My signature below authorizes release of all such information:

Signature & Date:

Expires one year from signature date

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. THE SHOULDER CLINIC OF IDAHO will not release medical records from other facilities.