



***Request for Medical Records Release***  
(Information Being Sent from Pinnacle Foot and Ankle Clinics)

**Regarding the Following Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Requesting Information FROM:**

\_\_\_\_ 7600 France Ave S Suite 1100 Edina MN 55435 Fax: 612-437-4504

\_\_\_\_ 12940 Harriet Ave S Suite 230 Burnsville MN 55337 Fax: 612-437-4504

**RELEASE information TO:** \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Records to be released:**

- Consultation Report
- Discharge Summary
- Emergency Room Report
- History and Physical
- Laboratory Report
- Office Notes
- Operative Report
- Pathology Report
- Radiology Reports
- Radiology Image Film/CD
- Any and All Records
- Test Results
- Verbal Discussion Only

Other: any additional documents on file: \_\_\_\_

Date (s) treatment was received: \_\_\_\_\_

Please release this information via: \_\_\_\_ fax number noted above \_\_\_\_ paper \_\_\_\_ electronic (Flash Drive/CD)

**Statement of Understanding:**

I understand that, except for research related treatment, Pinnacle Foot and Ankle Clinics will not condition my treatment, payment, enrollment or eligibility for benefits on my signing this authorization.

Except to the extent that action has already been taken, I understand that I may revoke this authorization at any time by giving written notification to my provider at Pinnacle Foot and Ankle Clinics. A photocopy/fax of this authorization will be treated in the same manner as the original. A new authorization will be required for each new episode of care.

I do not authorize further release to any third party. I understand that once information is released as specified in this authorization, the facility, their employees, and my physician(s) cannot prevent the re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent and any re-disclosure of that information.

Pinnacle Foot and Ankle Clinics records may include records that we received from other organizations. If these records have been used by Pinnacle Foot and Ankle Clinics and filed in the record Pinnacle Foot and Ankle Clinics maintains about you, these records may be released with your Pinnacle Foot and Ankle Clinics records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Reason Patient was Unable to Sign:

\_\_\_\_\_