



Request for Medical Records Release

(Information Being Sent to Pinnacle Foot and Ankle Clinics)

Regarding the Following Patient: _____ **DOB:** _____

Requesting Information FROM: _____

RELEASE information TO:

___ 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

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:
