

APPENDIX A

Arkansas Specialty Orthopaedics  
Consent for Release of Health Information

I hereby authorize Arkansas Specialty Orthopaedics and any of its employees, staff or agents, to use and disclose health information from the medical record(s) of:

\_\_\_\_\_  
Patient's Full Name

\_\_\_\_\_  
Patient's Social Security Number/Medical Record Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Patient's Telephone Number

\_\_\_\_\_  
Physician(s) Name

\_\_\_\_\_  
Date(s) of Service

I am requesting the following information to be released\*\*:

\_\_\_\_\_ Medical record from date(s) of service listed above \_\_\_\_\_ Entire medical record from ALL dates of service

\_\_\_\_\_ Other (specify) \_\_\_\_\_ Imaging (X-Rays, MRI's, etc.)

\_\_\_\_\_ Abstract of records (includes: history and physical, operative reports, consultations, discharge summaries, laboratory findings, radiology reports and other significant findings.)

**INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL NOT BE DISCLOSED WITHOUT SPECIFIC CONSENT.**

Release Information to:

\_\_\_\_\_  
(Name of individual or organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) ( Zip Code)

This consent permits Arkansas Specialty Orthopaedics to use and disclose my health information to carry out treatment, payment or health care operations. Additional information regarding the uses and disclosures of health information is described in the ASO notice of privacy practices. A patient has the right to review the privacy notice prior to signing this consent. A patient has the right to request restrictions, uses and disclosures of health information for treatment, payment and health care operations purposes. However, ASO is not required to agree to a patient's request for restrictions. I may revoke this consent to release confidential information in writing, at any time, except to the extent that action has already been taken. I understand that these records are protected under federal and state law and cannot be disclosed without my consent unless otherwise provided by law. I hereby RELEASE, HOLD HARMLESS, AND AGREE NOT TO SUE Arkansas Specialty Orthopaedics, its employees, staff, and agents, in connection with the disclosure of information set forth relating to these medical records.

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Legally Authorized Person (if different than patient)

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

\*\*FEES FOR COPIES: I am aware there are separate fees for X-Rays and medical records. Arkansas Specialty Orthopaedics utilizes HealthPort, an outside resource, to copy medical records. You will receive an invoice from HealthPort for this service. For billing questions HealthPort may be reached at (800) 367-1500.

Please allow 30 business days to process your request. If you have questions about your records, please contact Arkansas Specialty Orthopaedics at (501) 663-3647 or (800) 550-5755.

Please return form to: ASO Release of Information Department  
600 South McKinley  
Little Rock, AR 72205  
Fax (501) 748-4156

\_\_\_\_\_  
Official Use Only

\_\_\_\_\_  
Received

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Log #

## Appendix B

### **Release of Health Information**

Our goal at Arkansas Specialty Orthopaedics is to provide quality patient care and services. The following information will assist you in receiving efficient service when requesting medical records.

#### **HealthPort**

Please note we use HealthPort as an outside resource, to complete and distribute your medical records. HealthPort and Arkansas Specialty Orthopaedics are in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

#### **Charges for medical records**

A fee of .50 per page shall be charged to copy medical records. HealthPort manages billing for medical records copies. HealthPort will send an invoice along with copies of your medical records. Questions regarding billing or process for copying medical records should be directed to the Customer Service department for HealthPort at (800)367-1500.

#### **Process Time**

HIPAA allows 30 days for a request to be processed. In an effort to provide exceptional customer service, every attempt shall be made to complete your request within 14 business days.

#### **Independent Medical Examinations**

Copies of Independent Medical Examination reports must be obtained from your workers compensation adjuster or the attorney that ordered the report.

#### **Identification**

Health information will only be released to person(s) authorized by you in writing on the Consent for Health Information form. To prevent delays, please ensure this information is updated regularly. Picture identification must be provided when picking up health information.

#### **Completing a medical record release form**

To prevent delays, please ensure the Consent for Health Information form is completed in its entirety. Incomplete forms will not be processed and may result in delays.

**Please contact the Release of Information department at Arkansas Specialty Orthopaedics if you have any questions, comments or have not received the records as requested. (501)-663-3647 or (800) 550-5755.**