

Beverly Hills Orthopedic Group
120 South Spalding Drive, Suite 401
Beverly Hills, CA 90212
Phone: (310) 659-2910 Fax: (310) 652-2568
www.bhorthogroup.com

Consent Form to Release/Receive Medical Records

Date: _____

Please check one:

Please release my medical records to: _____

I authorize Beverly Hills Orthopedic Group to request my medical records from:

I hereby authorize the selected above to either release or receive my medical records including office notes, x-rays, operative reports, and any information regarding medical consultations and treatment I have received.

Patient's First and Last Name

Date of Birth

Social Security Number

Patient **OR** Guardian Signature

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with HIPAA privacy regulations.