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THE ORTHOPEDIC CLINIC ASSOCIATION, P.C.

SERVING OUR PATIENTS THROUGH INNOVATIVE

AND COMPREHENSIVE ORTHOPEDIC CARE

#### INSTRUCTIONS FOR COMPLETING RELEASE FORM

- 1.) Completely fill out top portion with your information.
- 2.) Check 1st box if you would like TOCA to release your records.
- 3.) Check 2<sup>nd</sup> box if you would like TOCA to receive your records.
- 4.) Completely fill out the second portion with all the information requested for the provider/facility/person that will be receiving/releasing your records. Please make sure that provider's complete name, first & last, is listed.
- 5.) If you are requesting records be sent to you, it is also necessary to complete the  $2^{nd}$  part with all your information again.
- 6.) If requesting records to be Emailed, sign Email agreement on the 2<sup>nd</sup> page where indicated.
- 7.) Provide Email address in the boxes provided.
- 8.) Please sign and date at bottom of 2<sup>nd</sup> page.
- 9.) If requesting records be sent to TOCA, send the request directly to the provider/facility you are asking to release/send records to TOCA.
- 10.) If requesting TOCA to release records, return completed form to TOCA by Fax, Email or mail.
- 11.)Records requests from TOCA will normally be processed within 72 hours

Unless the form is completely filled out, your request cannot/will not be processed. All information must be provided to ensure that records are released to the correct provider/facility per your wishes. Please note that TOCA has contracted with Quest HIMS to process your records request and you may be charged for this service.

Thank you,

Quest HIMS P#: 888-355-9550 F#: 877-570-8002

Email: info@questrecordsllc.com

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# ORTHOPEDIC SURGEONS FOR Arizona State University

**OFFICES** 

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ÁScottsdale, AZ 85260 ÁTele (602) 277-6211

Á5002 South Mill Avenue ÁTempe, AZ 85282 ÁTele (602) 277-6211

Á6320B West Union Hills Drive ÁSuite B1800 ÁGlendale, AZ 85308 ÁTele (602) 277-6211

Á5845 E. Still Circle ÁSuite 106 Á Mesa, AZ 85206 ÁTele (602) 277-6211

www.TOCAMD.com www.azcartilagerestoration.com

### **AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

NAME:		PID (If known)											
PATIENT'S DATE OF BIR	TH:	SOCIAL SECURITY#	:										
PATIENT'S ADDRESS:													
CITY:	STATE:	ZIP CODE:	<del></del>										
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PHONE#:		FAX#:											
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TREATMENT DATE(S) TO B	E DISCLOSED: From	to											
☐ Abstract/Summary of N	ATION TO BE DISCLOSED FOR T Medical Records for personal or T(S) TO BE DISCLOSED FOR THE Laboratory Report(s) Operative Report(s) Itemized Bill(s)	physician use 🚨 Complete	Medical Records ) PROVIDED:										
	ude Medical/Surgical, Psychiato	ric, Substance Abuse, and HI\											
	BE USED/DISCLOSED FOR THE  ☐ Patient Transfer ☐ Legal ☐												

Phoenix, AZ 85016

## Medical Records Phone#: 888-355-9550, Fax#: 877-570-8002, Email: info@questrecordsllc.com <u>AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION/PHI</u>

### **EMAIL/ELECTRONIC DELIVERY NOTICE:**

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PATIENTS 18 YEARS AND OLDER MUST SIGN THEIR OWN RELEASE FORM

Reason patient was unable to sign release:\_\_\_\_\_