



**NORTH SHORE  
ORTHOPAEDICS**  
S.C.

F. J. ROTTER, M. D. D. J. PULITO, M. D.  
J. M. PUCCINELLI, M. D. H. H. BORCA, M. D. K. J. KULWICKI, M.D.  
J. L. PERELES-STROUSE, ADM.

GLENDALE OFFICE • 7545 N PORT WASHINGTON RD • GLENDALE, WI 53217-3422  
(414) 351-3500 • FAX (414) 351-9063

## AUTHORIZATION AND/OR REQUEST FOR RELEASE OF MEDICAL RECORDS

I \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Chart No.: \_\_\_\_\_  
(PRINT - Patient's Full Name)

**AUTHORIZE AND REQUEST THAT:**

NORTH SHORE ORTHOPAEDICS, S.C.  
7545 NORTH PORT WASHINGTON ROAD  
GLENDALE, WI 53217-3422  
\_\_\_\_\_  
(Name of Party to Release Records)

**RELEASE THE FOLLOWING:      **MEDICAL RECORDS****

Whether records were prepared by you or by others, and whether dated before or after the date of this authorization. Records may be requested by telephone as long as this authorization is in effect. Requests for medical records should be directed to the Medical Records Clerk.

**PURPOSE OF DISCLOSURE:**

FURTHER MEDICAL CARE/PERSONAL USE

**TO:** PATIENT and/or PATIENT'S DESIGNEE

\_\_\_\_\_  
(Patient's Address)

\_\_\_\_\_  
(City/State/Zip)

This Authorization is effective for one year after I cease medical treatment at North Shore Orthopaedics, S.C.

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION. YOU HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME IN WRITING. REVOCATION WILL NOT APPLY TO INFORMATION THAT HAS ALREADY BEEN RELEASED IN RESPONSE TO THIS AUTHORIZATION. REVOCATION WILL NOT APPLY TO YOUR INSURANCE COMPANY WHEN THE LAW PROVIDES YOUR INSURER WITH THE RIGHT TO CONTEST A CLAIM UNDER YOUR POLICY. THE INFORMATION DISCLOSED MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER PROTECTED BY LAW. TREATMENT, PAYMENT, ENROLLMENT IN A HEALTH PLAN, OR ELIGIBILITY FOR BENEFITS IS NOT BASED ON THE PROVISION THAT YOU SIGN THIS AUTHORIZATION. YOU WILL BE GIVEN A COPY OF THIS AUTHORIZATION.**

\_\_\_\_\_  
(Signature of Patient or Other Legally Authorized Person)

\_\_\_\_\_  
(If Signed by Other Legally Authorized Person, Relationship to Patient)

\_\_\_\_\_  
(Date of Signing)

\_\_\_\_\_  
(Employee Initials)



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MEQUON OFFICE • 13133 N PORT WASHINGTON RD, STE 116 • MEQUON, WI 53097  
(262) 243-3100 • FAX (262) 243-3116

**TO: ALL PATIENTS OF NORTH SHORE ORTHOPAEDICS**

State law mandates that a valid authorization be signed by a patient before medical records may be released to the patient (Wis. Stat. § 146.83(1)). You have been given an authorization to sign for the release of medical records. **It is *not* a requirement that you sign this authorization.** The option of signing an authorization at this time, instead of waiting until one is required, is being offered as a convenience to you, our patient, should you desire a copy of your medical records from North Shore Orthopaedics, S.C. (“NSO”) at some point in the future. We at NSO realize it is an inconvenience to our patients to have to make a special effort, whether by mail, or in person to either of our offices, to sign an authorization. This is especially true in cases where the patient requests that our medical records clerk mail or fax medical records, as well as in instances where time is of the essence. By signing this authorization, you are consenting to the release of your medical records by NSO, *only upon your request* in person or by telephone, to yourself, or to anyone designated by you, during the time period the authorization is in effect. The authorization will be effective for one year after you cease treatment at North Shore Orthopaedics. A written request for medical records will not be necessary during the time the authorization is in effect. *If you have any questions before signing the authorization, please phone our medical records clerk at the Glendale office.*

NORTH SHORE ORTHOPAEDICS, S.C.

**SHOULD YOU CHOOSE TO *NOT SIGN* THE ATTACHED AUTHORIZATION AT THIS TIME, ALL REQUESTS FOR MEDICAL RECORDS MUST BE MADE IN WRITING TO THE MEDICAL RECORDS CLERK AT THE GLENDALE OFFICE. AN AUTHORIZATION WILL THEN BE PREPARED AND FORWARDED TO YOU FOR SIGNATURE AND RETURN TO NSO. RECORDS MAY NOT BE REQUESTED BY TELEPHONE UNLESS A WRITTEN AUTHORIZATION IS IN EFFECT.**

**THIS AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS DOES NOT EXTEND TO INFORMATION RELATING TO MENTAL ILLNESS, ALCOHOLISM, DRUG DEPENDENCE, HIV TESTING, OR ANY OTHER TYPE OF MEDICAL INFORMATION WHICH REQUIRES A SPECIAL AUTHORIZATION THAT ALLOWS FOR THE RELEASE OF THAT TYPE OF MEDICAL INFORMATION.**