SHENANDOAH VALLEY
ORTHOPEDICS
& SPORTS MEDICINE

Thomas R. Pereles, M.D.
Jack F. Otteni, M.D.
Ramon C. Esteban, M.D.
D. Brian Dean, M.D.
G. Ryan Rieser, M.D.
Sophia Leung, M.D.
Jared L. Harwood, M.D.
Franklin A. Fisher, PA-C
Roberto Lianez, N.P.

Patient's Consent for Shenandoah Valley Orthopedics & Sports Medicine
Authorization for Release of Protected Health Information

Patient Name: _____ SS# _____

1) **Authorization to Disclose PHI (Protected Health Information.** I hereby authorize Shenandoah Valley Orthopedics & Sports Medicine, my healthcare provider, to disclose any and all of my medical protected health information ("PHI") to the persons indicated below.

2) Persons to Whom Disclosure May be Made; Provider may disclose my PHI to the following persons:

Name	**Relationship**
_____	_____
_____	_____
_____	_____

3) **Purpose of Disclosure:** The purpose of the disclosure is to allow these persons to participate in my care, participate in the payment of my medical bills, to know the status of my health, and/or to pick up anything pertaining to my treatment from Shenandoah Valley Orthopedics on my behalf.

4) **Expiration of Authorization:** This authorization shall continue until I revoke it in writing, which I may do at any time by sending a letter addressed to the Privacy Officer at Shenandoah Valley Orthopedics.

5) **Conditioning of Treatment.** Provider may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this consent.

6) **Re-disclosure by Recipient.** I understand that once the Provider discloses my PHI to the persons listed herein, my Provider has no control as to whether those persons may re-disclose my PHI, which may no longer be protected by federal or state law.

7) **Acknowledgment of Reading and Agreement**. I have read and understand this authorization.

I understand that if I send someone on my behalf to pick up information from Shenandoah Valley Orthopedics & Sports Medicine that said person must be listed on this form.

_____ _____
Patient Name Date