R&O RHEUMATOLOGY&OSTEOPOROSIS services p.c.
1520 South 70th Street, Suite 200
Lincoln, Nebraska 68506
Tel: (402)464-9000 Fax: (402)464-4447
www.rheumatologyandosteoporosis.com

Amy S. Garwood, M.D.
Jennifer R. Elliott, M.D.
Kayla B. Bruss, MPAS, PA-C
Kelsi D. Allen, MPAS, PA-C

CONSENT TO RELEASE MEDICAL AND BILLING INFORMATION

(Complete this form if you wish to allow others access to your medical and billing information)

Patient Name_____

DOB_____/_____/_____

I, _____, do hereby authorize R&O to release information concerning any and all diagnostic studies and findings contained within my clinic chart (whether performed here or elsewhere), my billing, insurance and other account information to the parties listed below:

TO:

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____

▪By signing this form, you are authorizing the use or disclosure of your protected health information as described above. This information may be re-disclosed if the recipient is not required by law to protect the privacy of the information.

▪You have the right to revoke this authorization at any time. If you revoke your authorization, the information described above may no longer be used or disclosed. The request to revoke must be in writing and must be received prior to release of information. Unless otherwise revoked, this authorization will be valid until further notice.

_____ _____

Signature of Patient Date