

# Authorization for release of medical records by Midwest Plastic Surgery, PA

PATIENT INFORMATION NAME (Last, First MI): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I, the undersigned, authorize Midwest Plastic Surgery to release the records indicated below to the following entity:  
\_\_\_\_ Mark here if the records are to be released to the patient; otherwise, complete the information below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

I request that you release: (check item(s) that apply):

\_\_\_\_ Progress (office/visit) notes      \_\_\_\_ Implant information      \_\_\_\_ Pathology report

\_\_\_\_ Operative Report(s) - specify date \_\_\_\_\_ or all will be sent      \_\_\_\_ All Medical Records

\_\_\_\_ Other (specify) \_\_\_\_\_

Dates of Service: \_\_\_\_ ALL or From: \_\_\_\_\_ To: \_\_\_\_\_

**If you want a copy of your before/after photos they cannot be released via fax or mail. They must be picked up in our office. They cannot be released directly to another physician's office.**

\_\_\_\_ Copy of before/after photos

.....  
These records are being requested for the following purpose: *(please select one of the following options)*

\_\_\_\_ personal records      \_\_\_\_ treatment with another physician

\_\_\_\_ Other (please specify) \_\_\_\_\_

This consent shall remain valid for 1 year from the date signed, or (MM/DD/YYYY) \_\_\_\_\_, whichever is sooner.

I understand that I may cancel this release at any time before its expiration date by notifying Midwest Plastic Surgery in writing at : Midwest Plastic Surgery, 6545 France Ave S Suite 350, Edina, MN 55435.

I understand that information disclosed by this authorization to a third party may be subject to re-disclosure by the recipient and will no longer be protected by this authorization.

**\*\*If these records are being picked up in our office identification will be required for pickup. If you want someone other than the patient to pick up the documents, please specify their name here and inform them that an ID will be required.**

**Patient Representative for document pickup:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

COMPLETE THIS SECTION IF THE PERSON SIGNING ABOVE IS NOT THE PATIENT:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

FOR OFFICE USE ONLY: \_\_\_\_ Copy to patient      Date records were prepared for mailing /fax / pickup (Circle option and list date) \_\_\_\_\_

Initials of sender \_\_\_\_\_ Note in Disclosure log \_\_\_\_\_

# NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Midwest Plastic Surgery complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Midwest Plastic Surgery does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Midwest Plastic Surgery:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Nicole Olson

If you believe that Midwest Plastic Surgery has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Nicole Olson, Clinic Manager, 6545 France Ave S, Suite 350, Edina, MN 55435, 952-920-2600, Fax 952-920-2668. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Nicole Olson, Clinic Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-952-920-2600.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-952-920-2600.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-952-920-2600.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-952-920-2600.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-952-920-2600.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-952-920-2600。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-952-920-2600.

ប្រែប្រួល: បើអ្នកនិយាយភាសាខ្មែរ, អ្នកអាចទទួលបានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ។ ទូរស័ព្ទ 1-952-920-2600.

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ስርዓቶቻችን በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚክተሎው ቁጥር ይደውሉ 1-952-920-2600.

ဟံသာဝတီ: နေရာကတိ၊ ကညီ ကျိာအလိ၊ နမေ့န့ ကျိာအတိမေ့စာလေ တလက်တူညီလက်စွဲ နီတမံတည်သ့န့ညီလီ။ ကိ:1-952-920-2600.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-952-920-2600.

ប្រយ័ត្ន: បើអ្នកនិយាយភាសាខ្មែរ, អ្នកអាចទទួលបានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ។ ទូរស័ព្ទ 1-952-920-2600 ។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-952-920-2600-1.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-952-920-2600.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-952-920-2600 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-952-920-2600.