

# Authorization for release of medical records to Midwest Plastic Surgery

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

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

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

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

I, the undersigned, authorize (*name of physician*) \_\_\_\_\_  
(address, city, ST, ZIP and/or fax number)

to release the records indicated below to Midwest Plastic Surgery: Please send the requested records to:

**Midwest Plastic Surgery**  
**6545 France Ave S Suite 350 Phone: (952)920-2600 Fax: (952)920-2668**  
**Edina, MN 55435**

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

Progress (office) notes  Implant information  Pathology report

Operative Report(s)  Mammogram (most recent)  Before/after photos

All notes related to symptoms/treatments associated with:  Macromastia (back, shoulder or neck pain, breast rashes or pain)  
 Abdominal problems (panniculus, diastasis, hernia, abdominal rashes)

Other (specify) \_\_\_\_\_  All medical records

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

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

treatment with another physician  Prior authorization documentation for surgery

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 the entity releasing information.

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

**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: \_\_\_\_\_

# 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.

CHŪ 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.

இலத்திரம்: 1-952-920-2600-ல் உங்களுக்கு உதவிக்காக மொழி உதவி சேவைகள் கட்டாமல் கிடைக்கின்றன. 1-952-920-2600-ஐ அழைக்கவும்.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሶሎው ቁጥር ይደውሉ 1-952-920-2600.

විද්‍යාලිකයන්-අමතරව කවුරුත් ආධාරයක් ලෙසින් සලකා බැලීමට සූදානම්ව සිටිමු. 1-952-920-2600-ට කථා කරන්න.

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាអាស៊ានអាចមានសេវាឯកសេវាសេវា 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.