

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, hereby authorize _____ to release copies of medical records and/or other information concerning my hospitalization or treatment, including but not limited to, information concerning drug abuse or drug-related conditions, and/or Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex, and/or tests for antibodies to the AIDS virus (HIV), and/or alcoholism, and/or psychological, and/or psychiatric conditions, or permit review of the same, provided however, that such release is limited specifically to material of the following nature and extent:

Treatment Date: _____ () inpatient () emergency room () outpatient

Date of Birth: _____ SSN: _____

- () Face Sheet
- () Case Summary
- () History and Physical
- () Test Results
- () Doctor's Orders and Progress Notes
- () Nursing Notes
- () Audiology/Speech
- Pathology
- () Consultations
- () Operative & Pathology Report
- () STATEMENT OF ACCOUNT
- () Out-Patient Clinic
- () PHYSICAL THERAPY RECORDS

Specific Exclusions: _____

The above information is to be released to:
O'CONNOR, MIKITA AND DAVIDSON LLC
8035 Hosbrook Road, Suite 200
Cincinnati, Ohio 45236
(513) 793-5297

Purpose for Disclosure: PERSONAL INJURY CLAIM

REDISCLASURE IS PROHIBITED WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS.

I understand this authorization may be revoked at any time except to the extent action has been taken prior to revocation. This consent will expire in sixty (60) days after the date below, or sooner at my election in which case this authorization will expire on _____.

I acknowledge that I have read and fully understand this authorization as it applies to me.

Date

Signature of Patient

Witness

Other person legally authorized to give consent

Relationship to patient and reason

This information is being disclosed to the above-captioned individual/organization for the above-stated purpose from records whose confidentiality may be protected by Federal Law.

This Authorization for Release of Information is in compliance with Federal Regulations 42 U.S.C. 4582, 42 CFR part 2.

Rev.10/30/97

FORM-05.DOC