N. Birrell Smith, M.D.
Orthopaedic Surgery

350 Posada Lane, Ste 201 Templeton, CA 93465
Phone: 805-434-0876 Fax: 805-434-0386
www.orthodoc.aaos.org/birrellsmith

## Authorization to Release/Obtain Information

I hereby authorize **N. Birrell Smith, MD** to obtain any and all medical records pertinent to my care from any physician, hospital or other health care professional.

I also authorize **N. Birrell Smith, MD** to release any medical records belonging to them concerning my care to any physician, hospital or other health care professional.

These include, but are not limited to, mental health records protected by Lanterman Pertis Short Act, drug and alcohol abuse records and HIV test results to any except as specifically follows:

_____

This authorization is effective now and will be in effect from the time that I am a patient of one of the above doctors, or until I revoke it in writing.

N. Birrell Smith reserves the right to modify the privacy practices outlined in this notice.

Patient Name _____

Patient Signature or Personal Representative _____

Relationship to Patient _____ Date _____

## Receipt of Notice of Privacy Practices Written Acknowledgement Form

A copy of the HIPPA guidelines for the office of **N. Birrell Smith, MD** was made provided to me. I understand that due to these guidelines, medical information will only be discussed with me and those listed below. Medical information may include but is not limited to appointments, prescriptions, test results and chart notes.

1. _____ relationship _____

2. _____ relationship _____

3. _____ relationship _____

Patient Name _____

Patient Signature or Personal Representative _____

Relationship to Patient _____ Date _____