Peter D. Vizzi, M.D.

ORTHOPAEDIC SURGERY & SPORTS MEDICINE
A MEDICAL CORPORATION

1301 Camellia Blvd, Suite 102
Lafayette, Louisiana 70508

PHONE: 337-233-3201
FAX: 337-233-3207

Patient Name: _____ Patient's Date of Birth: _____

Records to be released to: NAME: _____
ADDRESS: _____
_____
PHONE: _____

Reason for Disclosure: _____ Medical Care _____ Legal _____ Insurance _____ Personal

_____ Other (please specify): _____

Dates of Service to be disclosed: _____

Information to be disclosed (please check all that apply):

_____ Visit Summary _____ Procedure Note _____ Radiology Report

_____ Lab Tests _____ Doctor's Orders _____ Entire Record

_____ Other (please specify): _____

Louisiana law requires that you specifically authorize the release of records listed below. Please check all record that can be released:

_____ AIDS/HIV Test Results _____ Alcohol/Substance Abuse Records _____ Mental Health Records

I hereby authorize PETER D VIZZI MD to release the specified records to the person indicated above. I understand that I have a right to revoke this authorization in writing by contacting the office of Peter D. Vizzi MD except to the extent that a disclosure has been made in reliance of this authorization. I understand that treatment, payment, enrollment or eligibility for benefits cannot be conditioned if I do not sign this authorization. I also understand that these records are subject to re-disclosure by the recipient and are no longer protected by 45 CFR Parts 160 and 164. A photocopy/facsimile of this authorization may serve as an original.

Expiration Date: _____ If you do not indicate an expiration date, the authorization will expire 6 months from the date of signing.

A copy of this authorization will be treated as an original.

_____ _____
Patient's Signature Date

If patient is unable to sign, patient's representative:

_____ _____
Representative's signature Date

Please indicate representative's relationship to patient: _____

*****If you would like a copy of this authorization, please request a copy.*****