



authorization to release healthcare information

Christopher J. Lenarz, MD

17300 N Outer 40 Road Suite 316 Chesterfield, Missouri 63005
1011 Bowles Avenue Suite 121 Fenton, Missouri 63026
Phone:(314) 566-3696 Fax: (314) 309-2551

patient name	date of birth
address	social security number

I request and authorize **EXCEL ORTHOPEDICS** to release healthcare information of the patient named above to

name		
address	date	
city	state	zip code

This this authorization will expire one (1) year from the date listed below.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing, except to the extent the organization has taken action in reliance on the consent.

I understand that if the organization authorized to receive the information is not a health plan or health care provider covered by federal privacy regulations, the released information may no longer be protected by federal privacy regulations.

patient signature	date signed
-------------------	-------------