



Tri-Valley
Orthopedic
Specialists, Inc.
Solving Musculoskeletal Problems Since 1985

(Outgoing Records)
**AUTHORIZATION FOR USE OR
DISCLOSURE OF HEALTH
INFORMATION**

Patient: _____
Date of Birth: _____ **SSN:** _____

Completion of this document authorizes the disclosure and/or use of health information about you. **Failure to provide all information requested may invalidate this Authorization.** I understand that I have a right to receive a copy of this Authorization.

Requesting Records from:
Tri-Valley Orthopedic Specialists, Inc.
Attention: Medical Records
4626 Willow Rd #200
Pleasanton, CA 945888
Phone: (800)560-3800 Fax: (925)463-0473
Online Easy Status Portal : <https://recordstatus.sharecare.com/>
Online Chat: <https://hds.sharecare.com/contact-us/faq/>

Where to send the records to:
Name/Facility: _____
Attention: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ FAX: (____) _____
 Check box if you prefer a CD.

Please send records from the following date range: from: _____ to: _____

Labs History and Physical Consultation Notes
 Progress Notes Other: _____
 X-ray, MRI

Purpose of requested use or disclosure: Continuing Care Patient Request
 Insurance Legal Other _____

I specifically authorize release of the following information (check and initial as appropriate):

Mental health treatment information Initial if requesting: _____
 HIV test results Initial if requesting: _____
 Alcohol/drug treatment information Initial if requesting: _____

*If not checked and initialed, the records containing such information can **NOT** be released.

Duration: This Authorization expires [insert date]: _____
***If no Date is given; this authorization will expire 6 months from the signature date.**

Revocation: I may revoke this authorization at any time, but I must do so in writing and submit it to **Tri-Valley Orthopedic Specialists, Inc.** My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Authorization.

Re-disclosure: Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).

Conditioning: I may refuse to sign this Authorization. If I refuse to sign this Authorization, I should know that by law, my health information cannot be released. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

This authorization is being requested of you to comply with the terms of the Confidentiality of the Medical Information Act of 1981, Civil Code Section 56 et seq. and the Health Insurance Portability and Accountability Act (HIPAA) of 2003.

Patient Signature: _____ **Date:** _____

Legal Representative Signature: _____ **Relationship to Patient:** _____

PATIENT RECORD REQUEST

To obtain a copy of your medical records, a signed authorization must be submitted to **Tri-Valley Orthopedic Specialists, Inc.** from you or an authorized legal representative.

Sharecare Health Data Services is the Release of Information Service **Tri-Valley Orthopedic Specialists, Inc.** Once records have been copied you will receive an invoice from Sharecare. Although we cannot provide an exact amount, as rates are based on time and material, here are some examples of cost based on the information requested and media preference:

MEDIA OPTIONS			
Approx. Pages	CD	eDelivery	Paper
10	\$ 6.41	\$ 3.87	\$ 4.90
40	\$ 9.75	\$ 6.16	\$ 9.39
100	\$ 10.63	\$ 6.69	\$ 13.27
300	\$ 12.74	\$ 8.80	\$ 25.38
500	\$ 14.50	\$ 10.21	\$ 37.50

How do I submit my request?

- Go to our website and use the wizard to submit your form ; <https://www.trivalleyorthopedics.com/patient-forms-orthopedic-specialists-pleasanton-san-ramon-tracy-ca.html>
- Download the form and submit the request via mail or drop it off at a facility

When will my records be ready?

- Your records will be ready in 5- 10 business days from the receipt of your request. You will receive an invoice as soon as records are ready.

How do I pay for my records?

- Check Status of Records:
 - Go to <https://recordstatus.sharecare.com>
- To Pay Online:
 - Go to <https://payonline.hds.sharecare.com/>
- Or Contact Customer Service at 800-560-3800

Additional Questions?

- Go to <https://hds.sharecare.com/customer-service-support>