EDINA SPORTS HEALTH & WELLNESS, P.A.
6363 FRANCE AVENUE SOUTH
SUITE 525
EDINA, MN 55435
PHONE: 952-926-6489 FAX: 952-926-6501

Rochelle Taube, M.D. Noël Radcliffe, M.D. David Lang MD. Mary Figueroa, M.D.
Heidi Kimmel, PAC Michael Steele, PAC

Patient Name (please print): _____ Date of Birth: _____

Former Name (if any): _____ Telephone #: _____

RELEASE INFORMATION FROM:

_____
Organization

_____
Address

_____
City, State, Zip

RELEASE INFORMATION TO:

_____
Organization

_____
Address

_____
City, State, Zip

Purpose or Need for Information:

_____

_____

I hereby authorize the above party to release the following medical information for:

- ❑ Dates from: _____ to: _____
- ❑ Last date seen: _____
- ❑ Release all records.
- ❑ Release specific records: _____

This authorization will remain in effect a maximum of one year from the date of the signature and may be cancelled by me in writing at any time. A photocopy of this authorization will be treated in the same manner as the original. Patient is aware that the information disclosed may be subject to re-disclosure by the recipient and no longer protected by HIPAA.

_____ _____
Patient Signature Date

_____ _____
Parent or Guardian Signature Date