

**Orthopaedic Knee Shoulder and Sports Surgery
9150 Huebner Suite #330
San Antonio, Texas 78240
(210)-558-4600**

PERMISSION FOR RELEASE OF MEDICAL RECORDS

As a service to our patients we will be happy to forward your medical records after each office visit to either an email address or a fax number of your choice. Please instruct us as to how and where you would like to receive your records. By allowing us to forward your records be advised that the email or fax number that you are selecting should be controlled and secure to the extent that you are comfortable having personal medical information forwarded. Our office and staff will have no liability associated with any disclosure of your personal medical information to any other individual once we are directed by you as noted below:

Personal Fax

Number: _____

OR

Personal Email

Address: _____

Signed: _____

Date: _____

**This is to confirm that I
have reviewed a copy of
the Notice of Privacy Practices.**

Sign _____

Date _____

Chart Number: _____