



PLATINUM PATIENT: RELEASE TO INFORM

It is the policy of Athletic Orthopedics and Knee Center (AOKC) to protect the confidentiality of patient protected health information (PHI) and to comply fully with all regulations related to such protection.

I, _____, am the parent/ legal guardian of _____, by executing the Release to Inform, I, do authorize Athletic Orthopedics and Knee Center and all of its entities to release pertinent medical information verbally, electronically, and/or in writing to the Athletic Trainer, Athletic Coach, and/or other pertinent school officials of my dependents school and/or athletic team related to the diagnosis, treatment plan and prognosis as determined by the physicians and athletic trainers of AOKC.

Patient Name: _____

Patient/ Guardian Name: _____

Patient/ Guardian Signature: _____

Date: _____ Contact#/E-Mail: _____

Athletic Trainer/ School Contact: _____

School: _____ Sport: _____

A.T/School Phone/E-MAIL: _____

For Office Use Only

Physician: _____ MA/PA: _____

Dx/Notes:
