

**Slocum Orthopedics: Paperwork Information Sheet and Release of Information**

**Please do not take a picture of this form with your phone to return it.**

**It must be a legible, scanned copy of the form in PDF format.**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Slocum Physician: \_\_\_\_\_

These forms are pertaining to which person (if not patient): \_\_\_\_\_

Last date worked (now or in the future): \_\_\_\_\_

Anticipated Return to work date: \_\_\_\_\_ Unknown ☐

Patient's Surgery date (Actual or anticipated): \_\_\_\_\_ Form not related to surgery ☐

Is this request for (choose one): \_\_\_\_\_ Continuous Time Off \_\_\_\_\_ Intermittent Time Off (for appts)

Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_

**I understand that:**

- My treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization.
- I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
- If the requestor or receiver is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations and may be disclosed.
- I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
- I can request a copy of this form after I sign and date it. I understand the form(s) will only be released to a Disability Company, my Employer, or to myself after I have paid the required fee and signed this form.
- This form does not cover release of any office notes or records. If these items need to be released, I will need to fill out a separate form.
- I must sign this form. My spouse may not sign this on my behalf.

**Patient** or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This authorization expires 180 days from the date of signature. All forms are completed in the order that they are received. Please allow 7-10 business days for completion. All fees and forms must be submitted before forms are completed.**

Options for completed forms to be returned: **If this section is not completed, we will mail the forms to you and you will have to arrange for their return to the appropriate company/person. We cannot send forms directly to any party (including the requestor) unless listed below. Additionally, we can not ever submit directly to Paid Leave OR. You will have to submit them.**

I or the designated person \_\_\_\_\_ want to pick these forms up when they are complete: ☐

Mail to: ***(We cannot email completed forms)*** \_\_\_\_\_

Fax to: \_\_\_\_\_

\*\*\*\*\***For Staff Use Only**\*\*\*\*\*

Do all forms attached to this sheet get returned to the same place? Should they all have the same dates for the same type of leave? If no, please have patient fill out additional info sheets.

Number of forms attached to this info sheet: \_\_\_\_\_ Amount collected: \_\_\_\_\_  
Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

If no amount collected, reason why: \_\_\_\_\_

Transaction completed by staff: \_\_\_\_\_ Date: \_\_\_\_\_ Note made: \_\_\_\_\_

For Disability Department: charge posted to NextGen: \_\_\_\_\_ Date: \_\_\_\_\_