FAIR OAKS ORTHOPAEDIC ASSOCIATES, INC.
3620 Joseph Siewick Drive Ste. 201
Fairfax, VA 22033
P – 703-391-0111 F – 703-391-2945

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my health information as described below. I understand the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

Patient Name: _____ Date of Birth: _____

PERSON/ORGANIZATION RECEIVING THE INFORMATION:

_____
_____
_____

SPECIFIC DESCRIPTION OF INFORMATION TO BE SENT:

_____

Patient/Guardian Signature:_____ Date: _____

Please send this information to the fax number listed above at your earliest convenience. Thank you.