



Authorization to Release Information

Personnel files are the property of Titan Medical Group, and access to the information they contain is restricted. Generally, only managers and management personnel of Titan Medical Group who have a legitimate reason to review information in a file are allowed to do so.

Titan Medical Group will not release copies of personnel information without your written permission. To request copies of documentation held in your personnel file, please complete the information below and fax the completed form to (402) 332-5181 or mail it to 2110 S. 169th Plaza, Ste 100; Omaha, NE 68130.

Name: _____ DOB: _____ Phone#: _____

Social Security Number: _____

PLEASE SEND INFORMATION:

(In order to ensure that your medical records are held in the utmost confidentiality please be as explicit as possible as to where you want them sent.)

By mail to:

Name

Street Address

City, State Zip code

By fax to: Fax #: _____ Attention: _____

RELEASE THE FOLLOWING INFORMATION: (*Titan will not release any health records that Titan paid for prior to starting your assignment. If Titan set you up for services and you were deducted for the cost we will release those records*).

MMR Hep B Varicella PPD

AUTHORIZATION AND SIGNATURE:

I hereby authorize Titan Medical Group to release the records as described above. This authorization is valid for 90 days and may be revoked in writing at any time, except to the extent that action has already been taken in response to this authorization. I also release Titan Medical Group from any liability or legal responsibility in connection with the release of the above information. **I also accept the risk and consequence of faxing medical records.**

Employee/Former Employee Signature

Witness Signature

Printed Name of Employee/Former Employee

Printed Name of Witness

Date

Date

Titan Medical Group Use Only

Received: _____ Date Sent: _____ Initial: _____
Mailed: _____ Faxed: _____