Main Line Rheumatology
& Osteoporosis

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct my insurance benefits to be paid directly to my personal physician or his group practice, Gary V. Gordon, MD, Thomas P. Harder, MD, Amy L. Lundholm, DO, and Hyon Ju Park, MD.

I also authorize my physician or group practice to release my information necessary to process this claim. I understand that information will be released to:

- **Other health care professionals in order to coordinate my care or treatment.**
- **Attorney if my claim is in a litigation process**
- **Health Insurance Company for chart audit reasons, or for claim payment.**

I understand that my physician and/or staff will not release me information to myself or family members over the phone without verification of my identity in order to comply with privacy regulations. I also understand that my physician and the staff will maintain the utmost respect for my privacy. However, I also understand that there are physical constraints such as noise and the ability for others to overhear information, and other errors that may occur and cause inadvertent dissemination of information as well as the potential for confidential information to be disclosed after it has been provided to outside sources such as your insurance carrier from the clinical or billing office.

This office is not responsible for any disclosure of your confidential medical information once we provided this information, AT YOUR REQUEST, to your insurer, employer, family member or otherwise.

With this full understanding, I indemnify and hold harmless this practice for any disclosure, which is out of my physicians and staffs control.

By my signature, I state that I have read, understand, and agree to this authorization and release.

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Patient or Guardian Signature **DATE**