COMMONWEALTH ORTHOPEDIC SPECIALIST, INC.

Timothy J. Zimmer, M.D. 8700 Stony Point Parkway - Ste. 130 - Richmond, VA 23235
Phone: (804) 320-2700 Fax: (804) 320-1740

This form will authorize_____ to disclose my **Protected Health Information** to_____.

Information to be used or disclosed the information covered by this authorization includes:

_____.

Purpose of Disclosure The information listed above will be used for the following purposes:

_____.

Expiration Date of Authorization This authorization is effective through _____ unless revoked of terminated by the patient or the patient's personal representative.

Right to terminate or Revoke Authorization You may revoke or terminate this authorization by submitting a written revocation to Commonwealth Orthopedic Specialist, Inc. You should contact Connie Baybutt (804 320-2700) to terminate this authorization.

Potential for Re-disclosure the person or organization to which it is sent may disclose information that is disclosed under this authorization again. It may not be possible to ensure your right to privacy protection of this information once Commonwealth Orthopedic Specialist, Inc. discloses it to another party.

Rights of the Individual

- You may inspect or copy information disclosed under this authorization.
- You may refuse to sign this authorization.

Effect of Refusing Authorization

If you refuse to sign this authorization, Commonwealth Orthopedic Specialist, Inc. will not deny you any treatment except treatment that you have requested for the purpose of disclosure to others, including:

_____ (Treatment conditioned on Authorization)

_____ _____

(Signature/Date) (Printed Name)