

**Palm Beach Orthopaedic Institute** has partnered with **Sharecare Health Data Services** to fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have specific instructions included as to **WHAT** records you are requesting and **WHERE** you are requesting they be sent. You also have a choice of **HOW** you would like to have your records delivered. All requests for radiology images will be delivered to requester on a disc. Requests for records are processed within 48-72 hours after payment has been received.

### Are you a Patient requesting records for yourself?

1. Please email, fax, mail or drop-off the completed Authorization form to Palm Beach Orthopaedic Institute.
2. Sharecare will send an invoice to the patient via the requested delivery method.
3. Once payment is received by Sharecare, records will be delivered as requested:
  - **X-Rays** - Radiology Images (including X-Rays) can only be mailed (please allow 7-10 days for mail delivery) or picked up in the office. They cannot be emailed due to the viewing software that is required in order to view the X-Rays.
  - **Email** - if an email is provided on the Authorization form, the records will be sent within 24 hours after payment has been received by Sharecare. Radiology imaging (including X-Rays) cannot be emailed.
  - **Mail** - if a mailing address is provided on the Authorization form, the records will be mailed, which could take up to 7-10 business days for delivery.

### Are you a Patient requesting records to be sent to a Continuation of Care Facility/Provider?

1. Please email, fax, mail or drop-off the completed Authorization form to Palm Beach Orthopaedic Institute.
2. Records will be sent by fax or mail:
  - **X-Rays** - Radiology Images (including X-Rays) can only be mailed (please allow 7-10 days for mail delivery) or picked up in the office. They cannot be emailed due to the viewing software that is required in order to view the X-Rays.
  - **Fax** - If a fax number is provided on the Authorization form, the records will be faxed within 24 hours.
  - **Mail** - If a fax number is not provided on the Authorization form, the records will be mailed, which could take up to 7-10 business days for delivery.

### Ways to submit the request using the Authorization form:

- **Email** - [medicalrecords@pboi.com](mailto:medicalrecords@pboi.com)
- **Fax** - (561) 694-3099
- **Mail** - Palm Beach Orthopaedic Institute  
ATTN: Medical Records  
4215 Burns Road, Suite 200  
Palm Beach Gardens, FL 33410

### How to contact Sharecare HDS:

- **Sharecare's website:** <https://hds.sharecare.com/services/patients/>
  - **Want to check the status of a request?** - click the "RECORD ACCESS" button
  - **Question about your request?** - click the orange tab to **CHAT WITH SHARECARE1**
  - **Want to Pay Online?** - click the "PAY ONLINE" button
  - **FAQs** - <https://hds.sharecare.com/contact-us/faq/>
- **Phone** - You can contact a Sharecare Health Data Services representative by calling: (561) 694-7776, option 7

**PATIENT INFORMATION**

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PURPOSE OF REQUEST**

Personal  Treatment  Legal  Insurance  Transfer of Care  Other: \_\_\_\_\_

**INFORMATION TO BE RELEASED**

Office Notes  Labs  Operative Reports  Diagnostic Reports  Physical Therapy  X-Ray Images  Work Status

Specify Date(s) of Service: \_\_\_\_\_ (If you fail to specify, 1 year of records will be provided)

**RELEASE INFORMATION TO**

Name/Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF YOU SELECTED TO RELEASE X-RAY IMAGES, SELECT A DELIVERY METHOD BELOW** (X-Ray images cannot be faxed or emailed)

**Mail X-Ray images** (allow 7-10 days for delivery) (specify mailing address below):

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Pick up X-Ray images in office** (specify office below):

2055 Military Trl #200, JUP  4215 Burns Rd #100, PBG  1411 N Flagler Dr #9800, WPB  7701 Southern Blvd #100, WPB

**IF YOU SELECTED TO RELEASE ANY OTHER RECORDS, SELECT A DELIVERY METHOD BELOW**

*Rates are determined by Delivery Method selected. If you do not select a delivery method, Sharecare will determine a delivery method based on the information provided. Pursuant to HIPAA 45 CFR, 164.524, we reserve the right to charge a reasonable cost-based fee for producing and delivering the copies. At no time will the cost-based fees exceed FL law (395.3025 (1)). I understand I will be responsible for the charges incurred in the release of my protected health information.*

*There is no charge for records being released to another healthcare provider.*

**Fax records** to (Fax #) \_\_\_\_\_ ATTN: \_\_\_\_\_

**Email records** to (Email Address) \_\_\_\_\_

**Mail records on CD** (allow 7-10 days for delivery) (specify mailing address below):

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mail records on paper** (allow 7-10 days for delivery) (specify mailing address below):

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

- I hereby authorize the release of my medical records which may include information relating to behavioral or mental health services, treatment for alcohol and/or drug abuse, sexually transmitted disease, AIDS, or HIV.
- 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. Unless otherwise specified or revoked, this authorization will expire in 90 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_