

**Orthopaedic Knee, Shoulder and Sports Surgery  
San Antonio Hand to Shoulder Orthopaedic Center**

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**PLEASE READ THIS THOROUGHLY AND CAREFULLY**

**HIPAA: Health Insurance Portability and Accountability Act**

HIPAA was designed for the privacy of patients who are under the care of physicians. Although you have signed the "Release of Records to Insurance," this form will allow us to release information and/or records to anyone specific, other than the insurance company. In addition to the insurance company, I authorize to the release of my medical records to:

- Primary Care Physician \_\_\_\_\_
- Spouse \_\_\_\_\_
- Family Member \_\_\_\_\_
- Coach/Trainer \_\_\_\_\_
- Adjuster(WC Only) \_\_\_\_\_
- Nurse Case Manager(WC Only) \_\_\_\_\_
- Other(Please Specify) \_\_\_\_\_

I understand that I have the right to revoke this consent, if I so decide to. I understand that if I would like to make changes to this form I must do so in writing.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian if patient is minor/indigent

\_\_\_\_\_  
Date