

**BSSC**  
Boston Sports & Shoulder Center  
**BSSC**  
Records Release

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address Street: \_\_\_\_\_ Apt# \_\_\_\_\_

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

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| <p><b>Purpose:</b></p> <p><input type="checkbox"/> Medical care</p> <p><input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Other (please specify):<br/>_____<br/>_____</p> <p><b>Send Records via:</b></p> <p><input type="checkbox"/> Portal</p> <p><input type="checkbox"/> Fax # provided</p> <p><input type="checkbox"/> Mail paper copy address provided above</p> | <p><b>Medical Records to be sent (please select):</b></p> <p><input type="checkbox"/> <b>ALL</b> of my medical records (excluding imaging done in the Waltham office)</p> <p><input type="checkbox"/> Imaging done in the Waltham office <b>ONLY*</b></p> <p><input type="checkbox"/> <b>ONLY</b> the following medical records: _____</p> <p><b>Special medical records to be sent (please check any/all the apply):</b></p> <p><input type="checkbox"/> Drug and alcohol abuse records</p> <p><input type="checkbox"/> Mental health records</p> <p><input type="checkbox"/> HIV/AIDS records</p> <p><input type="checkbox"/> Sexual abuse/ assault and domestic violence records</p> <p><input type="checkbox"/> Sexually-transmitted disease records</p> |
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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

When a patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

Signature of Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

**Please return completed form by sending to BSSC via: patient portal (<https://749.portal.athenahealth.com/>), fax (781-890-2177), mail hard copy to: BSSC 840 Winter St. Waltham, MA 02451**

\*Imaging done at New England Baptist Hospital in Boston or Dedham, can be accessed via: <https://nebhpatient.ambrahealth.com/access>

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| <p><b>For Internal Use Only:</b> Information Released/Reviewed By: _____</p> <p>Date: _____</p> <p>Picked up by: _____ Pick-up Identification: <input type="checkbox"/> License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other Photo ID _____</p> |
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