



**ocpn**

easton

ORTHOPEDIC CARE PHYSICIAN NETWORK  
& REHABILITATION SERVICES

**Members**

Simon Chao, M.D.  
Simon Cornelissen, M.D.  
Jason Fanuele, M.S., M.D.  
Raymond Pavlovich, Jr., M.D.  
Drew Rogers, M.D.  
Anthony Wong, M.D.  
David S. Worman, M.D.

**Associates**

Zachary Bohart, M.D. F.A.C.S.  
Vanessa Lund, M.D.  
Scott Mandel, M.D.  
Elena Manning, D.P.M.  
Emily Pepyne D.P.M M.P.H.  
Walter Sussman, M.D.  
Huy Nguyen, M.D.  
Wojciech Bulczynski, M.D.

**Physician Assistants**

James Bender, PA-C  
Alison Cimini, PA-C  
Carrie O'Regan, PA-C  
Richard Duong, PA-C  
Danielle English, PA-C  
Lindsay Hotz, PA-C  
Kelsey Igo, PA-C  
Mark Lightowler, PA-C  
Lauren Martinez, PA-C  
Willy Moy, PA-C  
Ryan Murphy, PA-C  
Michelle Tran, PA-C  
Stephanie Striglio, PA-C  
Ashley Sullivan-PA-C

**Emeritus**

William Sullivan, M.D.  
B. Hoagland Rosania, M.D.  
Stanley Leitzes, M.D.

15 Roche Brothers Way #200  
N. Easton, MA 02356

89 Forbes Blvd. #1000  
Mansfield, MA 02048

225 Water Street #C105  
Plymouth, MA 02360

675 Paramount Drive #205  
Raynham, MA 02767

One Compass Way #202  
E. Bridgewater, MA 02333

[www.ocpn.com](http://www.ocpn.com)

**Medical Records Release**

**FAX RECORDS TO (614) 665-0307**

**FOR FAXING ISSUES CALL CUSTOMER SERVICE @ 800-600-1478**

**Or visit [www.medrecsnow.com](http://www.medrecsnow.com) to check the status online**

I, \_\_\_\_\_, DOB \_\_\_\_\_  
authorize Orthopedic Care Physician Network, to release medical information to the  
following:

**Where are we sending the records?**

**Recipient :** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Recipient's Phone #** \_\_\_\_\_

**Recipient's Fax #** \_\_\_\_\_

**Purpose of Release:**

- Personal
- Insurance
- Disability
- Legal
- Transfer of Care
- Primary Care
- Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

**What information should be released? (please specify)**

- Entire medical record
- Record from dates \_\_\_\_\_ to \_\_\_\_\_
- Disc with imaging \_\_\_\_\_
- Billing statements for dates \_\_\_\_\_ to \_\_\_\_\_
- Physical therapy notes \_\_\_\_\_
- Surgery/ Operative notes \_\_\_\_\_
- Imaging reports \_\_\_\_\_

*A fee may be required for your medical records*

**Patient's Signature:** \_\_\_\_\_

**Patient's Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confidentiality Notice: Confidential Health Information Enclosed**

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You the recipient are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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