BBJI
Boston Bone & Joint Institute

Records Release

Print Name:_____Date of Birth:_____

Home Address Street:_____Apt#_____

City:_____State:_____Zip:_____

Purpose:

- ☐ Medical care
- ☐ Insurance
- ☐ Legal
- ☐ Personal
- ☐ School
- ☐ Other (please specify):

_____

_____

Send Records via:

- ☐ Portal
- ☐ Fax # provided
- ☐ Mail paper copy address provided above

Medical Records to be sent (Please Select):

- ☐ **All** of my medical records (excluding imaging done in the waltham/woburn/dedham** office)
- ☐ Imaging done in Waltham/Woburn/Dedham** offices **ONLY**
- ☐ **ONLY** the following medical records: _____

Special medical records to be sent(please check any/all that apply.

- ☐ Drug and alcohol abuse records
- ☐ Mental health records
- ☐ HIV/AIDS records
- ☐ Sexual abuse/ assault and domestic violence records
- ☐ Sexually-transmitted disease records

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 BBJI via: patient portal (https://749.portal.athenahealth.com/), fax (781-890-2177), mail hard copy to: BBJI 71 Border Rd, Suite 300,Waltham, MA 02451

*Imaging done at New England Baptist Hospital in Boston or Dedham, can be accessed via: https://nebhpatient.ambrahealth.com/access
**Imaging done in dedham 7/6/26 or later can be requested through BBJI

For Internal Use Only: Information Released/Reviewed By:_____
Date:_____
Picked up by:_____ Pick-up Identification: ☐ License ☐ State ID ☐ Passport ☐ Other Photo ID_____