

If you are a patient of Dr. Stachniw or Dr. Scherer and would like your patient records to move to their new office, please fill out this form.

Request To Transfer Records

Fill out and send this form to: Midwest Orthopedic Services, S.C.
834 N. Seminary Street, Suite #406, Galesburg, Illinois 61401

I, the undersigned, request that Galesburg Orthopedic Services, Ltd., immediately and timely transfer all of my medical records and files, charts, results of laboratory tests and any other patient information which is presently in the possession of Galesburg Orthopedic Services, Ltd. (collectively, "Records"), to **Midwest Orthopedic Services, S.C.**

In addition to transferring my Records, Galesburg Orthopedic Services, Ltd., is authorized and directed to disclose all of my personal health information, including my "protected health information," as that term is defined by the provisions of the "Health Insurance Portability and Accountability Act of 1996" ("HIPAA"), or any regulations issued pursuant to HIPAA, and any financial information concerning me which is in the possession of Galesburg Orthopedic Services, Ltd., to Myron B. Stachniw, M.D., and the office and professional personnel who are employed by Midwest Orthopedic Services, S.C.

Signature of Patient: _____

Printed Name of Patient: _____ Date of Birth: _____

Street Address: _____

City _____ State _____ Zip _____

Date: _____, 2006