



February 1, 2023

Orthopaedic Specialty Institute ("OSI")
280 S. Main Street, Suite 200
Orange, CA, 92868
Tel: (714) 634-4567
Fax: (714) 634-4569

Dear Patient,

Thank you for being a valued patient. You are being sent this correspondence because you are currently receiving (or at some time in the past have received) treatment by Jonathan Kaplan, M.D. through OSI.

We would like to take this opportunity to advise you that Dr. Kaplan will be leaving OSI on May 31, 2023. As a result, effective June 1, 2023, Dr. Kaplan will no longer be able to provide you with medical care at OSI.

As a patient of OSI, Dr. Kaplan's departure presents you with three (3) options to choose from for your future care:

- (1) **Continue your medical care at Dr. Jonathan Kaplan's new location.** Effective **June 1, 2023** his office will be located at **Duke Orthopaedics Arrington, 5601 Arrington Park Dr., Suite 300, Morrisville, NC 27560**. If you would like to continue your care with Dr. Jonathan Kaplan, he may be contacted at: **(919) 660-5643**;
- (2) **Continue your medical care with another OSI physician.** If you choose this option, OSI would be happy to transfer your care to Dr. Steve Kang or Dr. Brandon Haghverdian. Dr. Haghverdian will be joining our practice in September 2023. Please call (714) 937-3621 to arrange an appointment; or
- (3) **Contact your health care plan for a referral to another physician.** You may also choose to call your health care plan for a physician recommendation. Additionally, other sources are available to provide physician recommendations, such as the Orange County Medical Association, online at www.ocma.org, by telephone at: (949) 398-8100.

Should you choose to continue your health care with Dr. Kaplan (or any non-OSI physician) you must complete and sign the enclosed Medical Records Request Form. **Completed Medical Records Forms should be sent to OSI at (714) 634-4569 (fax)**. You can also submit a request electronically by visiting our medical records specialists, HealthMark Group at www.requestmanager.healthmark-group.com. Once OSI receives your signed form, it will forward a copy of your records to you or the physician of your choice. *Please note: if you choose to continue your care with OSI, it will not be necessary to complete a Medical Records Request Form.* OSI's medical records specialist, HealthMark Group, is available to assist you at (800) 659-4035 or status@healthmark-group.com.

Should you have any questions or concerns regarding your future health care needs, health care records, or concerning this letter, please do not hesitate to contact OSI, at (714) 937-3621 and speak with Paula, or email: info@osiortho.com.



On behalf of OSI, we thank you for your patience and cooperation through this process.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jeff E. Deckey', written in a cursive style.

ORTHOPAEDIC SPECIALTY INSTITUTE
Jeffrey E. Deckey, M.D.
Managing Partner

Enclosure: Authorization For Use and Disclosure Of Medical Information



AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

This authorization allows the healthcare provider(s) named below to release confidential medical information and records. Note: *Information and records regarding treatment of minors, HIV, psychiatric/mental health conditions, or alcohol/substance abuse have special rules that require specific authorization.*

AUTHORIZATION

I hereby authorize: _____
Physician/Healthcare Facility

To release information regarding my medical history, illness or injury, consultation, prescriptions, treatment, diagnosis or prognosis, including x-rays, correspondence and/or medical records including those from my other health care providers that the above named health care provider may hold, by means of mail, fax, or other electronic methods.

To _____
Name

Address

City State Zip Code

The medical information/records will be used for the following purpose: _____

This authorization is:

- ☐ Unlimited (all records, excluding Substance Abuse, Mental Health, HIV Diagnosis/Treatment)
☐ Limited to the following medical information:

☐ Operative Records ☐ Special Studies (EMG, ect.) ☐ X-Rays ☐ MRI ☐ Lab Work

I also consent to the specific release of the following records: _____

Drug/Alcohol/Substance Abuse _____ (initial) HIV Diagnosis/Treatment _____ (initial)
Psychiatric/Mental Health _____ (initial) Genetic Information _____ (initial)
Tests for Antibodies to HIV _____ (initial)

DURATION This authorization shall be effective immediately and remain in effect until _____
Date

RESTRICTIONS

Permissions for further use or disclosure of this medical information is not granted unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

A photocopy of facsimile of this authorization shall be considered as effective and valid as the original. I have been advised of my right to receive a copy of this authorization.

Signature of patient or legal/personal representative

Relationship if other than patient

Patient's Name (PRINT)

Date

Patient's Social Security

Number Patient's Date of Birth

Witness name

Witness signature

RECORD REQUESTS

For the convenience of our patients, Orthopaedic Specialty Institute has partnered with HealthMark Group to support in the secure and timely delivery of patient records. If you would like to request a copy of a patient's record, please submit your HIPAA compliant written request to our office:

Via Fax: 714-634-4569

Via Mail: Orthopaedic Specialty Institute

280 S. Main Street, Suite 200

Orange, CA 92868

You can also send requests directly to HealthMark Group at:

Via Fax: 800-833-5935

Via Mail: HealthMark Group

325 N. Saint Paul Street, Suite 1650

Dallas, TX 75201

PATIENT REQUESTS

Patients may submit a request/authorization electronically via the HealthMark request portal here:

<https://requestmanager.healthmark-group.com/register>

If it is your first time using this platform, you will need to create an account by providing your email address. Once logged in, you may select "Submit Request" from the menu options and enter all required fields to submit an authorization.

HealthMark will process your medical record request and provide notification via email once complete. A complimentary copy of your record will be made available for you to download within 72 hours.

STATUS INQUIRIES

To check the status of a previously submitted record request, please contact HealthMark Group directly at 800-659-4035 or status@healthmark-group.com.