



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Information:

Patient Name: _____ MRN: _____
Address: _____
City, State & Zip Code _____
Date of Birth (MMDDYYYY) _____ Phone: (____) _____

Release Records to:

I authorize **Independent Physical Therapy, Inc.** to release PHI to:

Name of Person/Organization/Patient: _____
Address: _____
City, State & Zip Code _____
Phone: (____) _____ FAX: (____) _____
E-Mail Address: _____

Delivery Instructions:

Please select one of the following regarding paper copies:

Mail

Purpose:

At the request of the patient/patient representative

Other (state reason) _____

Type of Information to be Released:

Please select from the following:

Physical Therapy Notes Speech Therapy Notes

Other: _____

Specify the Date Period for information selected:

From: _____ To: _____

Important:

I understand and agree to pay the fee for a copy of my health information of **\$15.00 and \$0.25 per page.** Dependent on delivery method, additional postage fee may be applied.

I understand:

- This Authorization is voluntary. My treatment will not be impacted, no matter if I sign this Authorization or not.
- I may refuse to sign this Authorization. If you do, we will not be able to release your medical records or the requestor.
- This Authorization is valid for one year from date signed, unless I revoke/withdraw this Authorization or unless an earlier date is specified here: _____. I may revoke/withdraw this Authorization, except to the extent that action has been taken prior to receipt of the revocation/withdrawal, by mailing my written request along with a copy of the original Authorization to:

Independent Physical Therapy Inc.
ATTN: Medical Records
PO Box 235
Palos Verdes Estates, CA 90274

- If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

Signature(s): _____

(Signature of Patient/Legal Representative)

Date: _____

Printed Name