



## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: \_\_\_\_\_  
Last First M/I

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please release medical information to the following recipient:

Name of person or Organization \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

### Description of information to be released:

- Physical Therapy

### Purpose of Disclosure:

- At the patient's request
- Direct-Access notification to Primary Care Provider/Physician

I, the undersigned, authorize Physioforce, LLC Physical Therapy to release information from my medical records as described above. I understand and acknowledge that the medical record may contain sensitive medical information involving patient care and/or protected health information. I also understand that information used or disclosed according to this authorization may be subject to redisclosure by the recipient and may no longer be protected. My failure to sign this authorization may result in my information not being released.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to Physioforce, LLC. I understand that the revocation will not apply to my insurance company when the law provides mu insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, even, or condition: \_\_\_\_\_. I fail to specify an expiration date, event or condition, this authorization will expire in one year.

I understand that treatment, payment, enrollment, or eligibility of benefits will not be considered on my failure to sign this authorization.

X \_\_\_\_\_ / / \_\_\_\_\_  
Signature of Patient/Legal Representative Date Signed

\_\_\_\_\_  
Description of Legal Representative's Authority to act on behalf of patient (if applicable)

