Southern Oregon Physical Therapy Associates, Inc.

♦Email: sopt924@gmail.com ♦ website: www.sopta.net ♦

AUTHORIZATION TO USE/DISCLOSE HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

PHYSICAL THERAPY INFORMATION TO BE RELEASED:

☐ **Reports** ☐ **Chart Notes** ☐ **Billing** ☐ **Other** _____
Specify Health Information Needed

Oldest Date to be Sent: _____ To Date: _____
Month/Day/Year Month/Day/Year

WHERE INFORMATION IS TO BE RELEASED TO:

☐ **The above-named patient is requesting copy of record.**

Patient Phone Number _____

Health Care Provider/Facility Name: _____

Phone Number: (_____)_____ **Fax Number: (_____)**_____

Address: _____

(A release is needed for **each health care provider/facility** that records are to be released to)

The above-named individual hereby authorizes discloser of the specified health information from Southern Oregon Physical Therapy Associates, Inc.

The Federal and state laws allow us to use and disclose information about you for purposes of treatment, billing and receiving payment, and routine health care operations. In order to use or disclose information about you for any other purpose, we need your specific authorization on the form set out below. The "Acknowledgement of Notice of Privacy Practices" explains how this clinic uses and discloses information.

I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information disclosed may be subject to re-disclosure by the person or facility receiving it and would then no longer be protected by federal regulations. I understand that Southern Oregon Physical Therapy will not base treatment, payment, enrollment, or eligibility for benefits on my signing this document.

I have reviewed and I understand this Authorization.

Authorized by _____ Date: _____
Signature of Patient or Person Authorized by Law

This Authorization will expire 180 days (6 months) from the date of signing, or at the end of the period reasonably needed to complete the authorized disclosure.