



AUTHORIZATION FOR RELEASE

Fax (678) 965-2550 | Email admin@PTbyBodyPros.com

Patient Name: _____
Last First MI Maiden or Other Name

DOB (mm/dd/yyyy): _____ Medical Record#: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

I hereby authorize _____ (Print name of provider) to release information from my medical record as indicated below to:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Please check the information to be released:

Medical Record _____
Itemized Statement _____
Other: _____
Dates of Service: _____
Dates of Service: _____

Purpose for Disclosure: (If patient request) _____ Changing physicians _____ Legal _____ Insurance _____
Consultations/second opinion _____ Continuing care _____ School _____ Workers Compensation _____
At my request (You are not required to give a reason) _____ Other (Please specify): _____

If Requested by Body Pros Physical Therapy:

1. I understand that if Body Pros Physical Therapy has requested this authorization, then I will get a copy of this form after I have signed it.
2. I understand that this authorization will expire 18 months after I have signed the form.
3. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken in reliance upon it.
4. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and nci longer be protected by Federal privacy regulations.
5. I understand I may see and copy the information described on this form if I ask for it.
6. I understand that in compliance with _____ (State whose laws govern the provider) statute, I will pay a fee of \$ _____ .

Signature of Patient OR Parent/Legal Gaurdian _____ Date _____

Records Received By _____ Date _____ Relationship to Patient _____

For Office Use Only

Date Request Filed: _____ By: _____

Identification Presented: _____ Fee Collected: \$ _____