



Cumming - (678) 679-5080 | 1810 Peachtree Parkway #103, Cumming, GA 30041
Alpharetta - (678) 679-7782 | 11660 Alpharetta Hwy, #640, Roswell, GA 30076
Dawsonville - (678) 528-8700 | 671 Lumpkin Camp Ground Rd. S, #110, Dawsonville, GA 30534

AUTHORIZATION FOR RELEASE

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

Patient Name: Last First MI Miaden 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 Dates of Service:
Itemized Statement Dates of Service:
Other:

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: \$