



WILLOW PHYSICAL THERAPY, LTD.

HIPAA COMPLIANT AUTHORIZATION FOR USE/RELEASE OF HEALTH INFORMATION

NAME: _____ PHONE: _____

Date of Birth: _____

I hereby authorize Willow Physical Therapy the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or healthcare provider, then the released information may no longer be protected by federal privacy regulations.

____ Release Information:

____ Obtain Information from:

Person/Agency: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Dates of Treatment: _____

PURPOSE OF RELEASE:

2nd Opinion with:

____ Continued treatment

____ Personal Use

____ Legal Use

____ Employment

____ Other _____

INFORMATION REQUESTED:

Y N Verbal Information Only

Y N Progress Notes

Y N Complete Chart

____ Other (please specify) _____

____ I have been provided with, and have reviewed, Willow Physical Therapy's Notice of Privacy Policies. I have discussed any concerns I may have about the use, release, and disclosure of my health information disclosed under this authorization. I release Willow Physical Therapy from any legal liability that may arise from this authorization.

____ I understand that my healthcare and the payment for my healthcare will not be affected by the signing of this form

____ I understand that I may see and copy the information described on this form if I ask for it, and that I will receive a copy of this form after I sign it.

____ I understand that I may revoke this authorization at any time by notifying Willow Physical Therapy, LTD in writing, but if revoked, it will not have any effect on any actions taken before the date of revocation.

____ I understand that this authorization will expire on ____/____/____. (90 days)

Signature of Patient or Representative: _____ Date: _____

Print name of patient's representative: _____

Relationship to patient: _____ Witness: _____

You may refuse to sign this authorization.

(Revised 08/09/06)

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Phone: 907-456-5990