



HIPAA INFORMATION
RELEASE AUTHORIZATION

Effective April 14, 2003...In accordance with the new HIPAA Privacy Laws, **Pierce Physical Therapy** can no longer discuss any protected health information with any person other than that patient, doctor and insurance company. If you would like your information released to your spouse or any other person, you need to sign a records release form. We appreciate your cooperation in helping maintain patient confidentiality.

I hereby authorize **Pierce Physical Therapy** to release any information (if necessary) including reminders of appointments, the diagnosis and records of any treatment, examination or evaluation rendered to the undersigned and financial records to:

Name	Relationship to Patient
Name	Relationship to Patient
Name	Relationship to Patient

MEDICAL RECORDS RELEASE

I hereby authorize **Pierce Physical Therapy** permission to obtain any medical records needed to assist in my physical therapy treatment. These records may include physician visits, MRI and CT reports, or operative reports relating to my condition.

Physician	Physician
Physician Address	Physician Address
Physician Phone	Physician Phone

Patient's Name (print)	Date
Patient's Signature	Parent/Guardian's Signature (if applicable)

I acknowledge that I have been offered and/or received a copy of the HIPAA Patient Privacy Notice.

Patient's Signature/Parent or Guardian	Date
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