TheraPlay Spot
PEDIATRIC OCCUPATIONAL & PHYSICAL THERAPY
☎316.618.1252 f: 316.869.2277 www.theraplayspot.com 560 N Exposition, Wichita, KS 67203

Medical Information Release Form
(HIPAA Release Form)

Name of child: _____DOB: _____

Parent(s) Name: _____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

☐ Spouse_____
☐ Child(ren)_____
☐ Other_____
☐ Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages

Please call [ ] my home [ ] my work [ ] my cell Number:_____
If unable to reach me:
[ ] you may leave a detailed message
[ ] please leave a message asking me to return your call
[ ] other-_____
The best time to reach me is (*day*)_____ between (*time*)_____

Appointment Reminder Messages

I authorize TheraPlay Spot to send me an appointment reminder via e-mail or text message using the following information.

Email _____ Cell Phone _____

Email reminders may contain patient or clinic information such as, but not limited to, patient first name and clinic location.

Signed: _____ Date: ____/____/_____

Witness:_____ Date: ___/____/_____