Austin Physical Therapy, PLLC
P.O. Box 157, Roscoe, N.Y. 12776 Tel: . 607-498-5653/Fax: 498-5671

Authorization to Release Medical Records
AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Name:_____ **Date:**_____
Date of Birth:_____

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

_____

_____

This type and amount of information to be used or disclosed is as follow:

_____

- ☐ X-ray Report
- ☐ MRI Report
- ☐ Operative Report
- ☐ Other:_____

3. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

4. I understand that authorizing the disclosure of this health information is voluntary. I can refuse To sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1645.524. I understand any disclosure of information of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my heath information, I can contact (insert HIM director, privacy officer or other individual's name or contact information).

_____ _____
Signature of Patient Date

Warning: Confidentiality Notice: This facsimile transmission is intended for the addressee named above. It contains information that is privileged, confidential or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying or dissemination of this transmission, or the taking of any action in reliance on its contents, or other use, is strictly prohibited. If you have received this transmission in error, please notify the above-named by telephone immediately. Thank you for your cooperation.