



404 NE Penn Ave, Bend OR 97701
P 541.318.7041 / F 541.388.3711

Authorization for Release of Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____ SSN#: _____

_____ Contact #: _____

I, _____ do hereby authorize _____ to release:

(Address and phone number of releasing party)

I request release of the following: (HBPT will not release 3rd party records)

- Evaluation(s) Progress Report(s) Chart Note(s) Discontinuation/Discharge Summary
- All clinical reports (any and all items listed above)
- Billing Records
- Other: _____

Dates: From _____ through _____

To whom may we release this information (fill in below)? OR Check here if you want to pick up the records in person

Name of Company/Agency/Facility/Person	Street Address	City, State, Zip
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Expiration:

- Unless revoked earlier by written request, this consent will expire 180 days from the date of signature.
- I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for _____ months from the date of signature.

I understand that I may cancel this request at any time with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would no longer be protected by federal regulations. I understand and accept the statements contained in this authorization.

Healing Bridge Physical Therapy will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure. I understand I have the right to 1) inspect or copy the protected health to be used or disclosed as permitted under federal or state law; and 2) refuse to sign this authorization.

Copy charges may be assessed in accordance with Oregon State Law. Requests will be processed in a timely manner, not exceed 30 days from the date of the request.

Signature of Individual (or guardian/personal representative)

Date