

Phone: (530) 541-7133
Fax: (530) 541-7132



2877 Lake Tahoe Blvd, Suite D
South Lake Tahoe, CA 96150

Release of Confidential Information Authorization

I, _____, give permission to Mind Body Physical Therapy to:

use the following protected health information, and/or

disclose the following protected health information to

(list entity to receive info): _____

Information to be disclosed (check all that apply):

Medical Records

Treatment Records

Diagnostic Records

Other: _____

This protected health information is being used or disclosed for the following purposes:

This authorization expires (date/event): _____

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the clinical trial is completed. Finally, you may revoke this authorization in writing at any time by sending written notification to Mind Body Physical Therapy at 2877 Lake Tahoe Blvd., Suite D, South Lake Tahoe, CA 96150. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Signature of Patient or Personal Representative

Date

Printed Name

Relationship/Authority