

Medical Information Release Form

(HIPAA Release Form)

Haile Physical Therapy, LLC is required by law to protect the privacy of your personal health information and provide notice about our information practiced.

Haile Physical Therapy, LLC uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care we provide. I understand that this information is used for communication within Haile Physical Therapy personnel and with medical personnel outside of this practice. I understand that this information is a way for third party insurance companies to assure that a service that was billed was actually performed.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_