

# Body In Balance Physical Therapy

**Medical release of information:**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**TO: Body In Balance Physical Therapy**

Address: 642 S. Alaska Street, Suite 209 Palmer, AK 99645

Phone number: 907-746-0722 Fax number: 907-746-0732

**FROM:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

\_\_\_\_\_ Include all records.

\_\_\_\_\_ X-ray reports

\_\_\_\_\_ Operative report

\_\_\_\_\_ MRI report

\_\_\_\_\_ CT Scan report

\_\_\_\_\_ Other: \_\_\_\_\_

By my signature below, I authorize release of my medical records.

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

(This content will expire on \_\_\_\_\_, or 60 days after the above date.)

I acknowledge that data marked \*\* may include materials that are protected by Federal Law. My signature above authorizes the release of this information. This content is subject to revocation at any time except to the extent that the department, which is to make the disclosure, has already taken action in reliance on it. You may obtain a revocation by writing a letter to the office.

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or us otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

- This fax may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery of the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please destroy this fax and notify the sender so that we may correct our records.