Permission to Release Information

Your information will automatically be shared with the physician who refers you or writes your prescription for therapy. A copy of all reports will also automatically be sent to you. If you want us to send reports or talk to anyone regarding your participation in therapy, please complete the following.

Please initial to indicate your agreement to specific statements.

______ I hereby authorize ABG Therapy & Wellness Center LLC to **REQUEST** information from:
(initials)

1. ____
____
(Name, address, and telephone number)
2. ____
____
(Name, address, and telephone number)

______ I hereby authorize ABG Therapy & Wellness Center LLC to **RELEASE** information to:
(initials)

1. ____
____
(Name, address, and telephone number)
2. ____
____
(Name, address, and telephone number)

Regarding the following client: ____________________________________ **Date of Birth** _______________________
(Name)

Records to be released or requested: (Check all that apply)
_________ Occupational Therapy________ Speech Therapy _________ Evaluation report(s) _________ Progress notes
_________ Plan of Care _________ Other; Please clarify ____

Purpose of Release:
_________ Continuity of care_________ Continuation of care_________ Insurance
_________ Other; Please clarify ____

Statement of Authorization:

- I understand that I may inspect or copy the protected health information (PHI) to be used or disclosed under this authorization.
- Except to the extent that action has already been taken, I understand that I may revoke this authorization at any time by giving written notice to ABG Therapy & Wellness Center LLC.
- I do not authorize further release. I understand that once the information is released as specified in this authorization, ABG Therapy & Wellness Center LLC and its employees cannot prevent the re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from the disclosure of that information.

Signature of responsible party: ____ **Date:** __________________________

Revised June 2017; Implemented 9/25/17.