

Standard Authorization of Use and Disclosure of Protected Medical Information

Information to Be Used or Disclosed

Information covered by this authorization includes:

Physical Therapy Medical Records, Prescriptions, Referrals, Medical Reports

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Rockville Physical Therapy

Name of Person/Organization

Persons to Whom Information May be Disclosed

Information described above may be disclosed to:

Referring Physician, Primary Care Physician, Health Insurance Carrier

Name of Person/Organization

Name of Person/Organization

Expiration Date of Authorization: this authorization remains in effect until cancelled or revoked in writing by the patient or the patient's authorized personal representative.

Right to Terminate or Revoke Authorization

You may terminate or revoke this authorization by submitting a written request to do so signed by you or your authorized personal representative (with copy of appropriate power of attorney) to *Rockville Physical Therapy*

3202 Tower Oaks Blvd., Suite 280, Rockville, MD 20852

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of information sent under this authorization may not be protected under the federal privacy regulations.

Signature

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Date

Relationship of Patient Representative to Patient