Effective April 14, 2003: In accordance with the new HIPAA Privacy Laws, our office can no longer discuss any protected health information with any person other than the patient, doctor and insurance company. If you would like your information released to your spouse or any other person, you need to sign a Records Release Form. We appreciate your cooperation in helping to maintain patient confidentiality.

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HIPAA Information Release Authorization

I hereby authorize **Owens Physical Therapy Specialists LLC** to release any information (if necessary), including reminders of appointments, the diagnosis and records of any treatment, examination or evaluation rendered to the undersigned patient and all financial records to

_____ _____

(Name of person being authorized) (Relationship to Patient)

(Please write "None" if you do not wish to authorize anyone)

_____

Patient's Name: (*Please Print*)

X_____ _____

Patient Signature (or Parent/Guardian if under 18) **Date**

****

I acknowledge that I have been offered and/or received a copy of the HIPAA Patient Privacy Notice:

X_____ _____

Patient Signature (or Parent/Guardian if under 18) **Date**