



Achieve • Restore • Stay Active

**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Release Records (circle one) To: or From: \_\_\_\_\_ Disclosure Method:  
\_\_\_\_\_ Mail  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Pick Up  
\_\_\_\_\_ Other: \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

Information Requested: \_\_\_\_\_ Pertinent Dates:  
\_\_\_\_\_ Copy of ALL Medical Records \_\_\_\_\_ All Treatment Dates  
\_\_\_\_\_ Copy of all Billing Records \_\_\_\_\_ Specific Dates  
\_\_\_\_\_ Copy of Specific Records: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_

**RIGHT OF REVOCATION/EXPIRATION:** I understand that this authorization may be revoked by me at any time, provided that I do so in writing and deliver it to this provider. This revocation will not apply to records or information that have already been provided. Unless earlier revoked, this authorization will expire **one (1) year** after the date of this release.

**PATIENT RIGHTS:** I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment, or eligibility for benefits. I further understand that I have the right to inspect or amend my medical records as provided in 45 CFR 164.526; and I have the right to an accounting of the use and disclosure of my health information to any third party as provided in CFR 164.528.

**DISCLOSURE:** I understand that if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by the HIPAA privacy regulations.

**I AUTHORIZE ADVANCED REHABILITATION SERVICES TO RELEASE THE ABOVE-NOTED INFORMATION TO THE SPECIFIED RECIPIENT.**

\_\_\_\_\_  
Signature of Patient or Legal Representative/Guardian Date

\_\_\_\_\_  
Relationship to Patient if Legal Representative/Guardian

**PHOTOCOPY OF THIS RELEASE IS VALID AND MAY BE USED IN LIEU OF THE ORIGINAL**