

Beck and Cale Physical Therapy/Coastal Hand and Occupational Therapy

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- 150 Mary Ave St 1., Ste. C, Nipomo, CA 93444 (805) 929-3230 (805) 929-3232-fax
- 2028 Village Ln., Ste. 102, Solvang, CA 93463 (805) 686-4642 (805) 576-7961-fax

Authorization for Use/Disclosure of Health Information

Purpose: To assist all therapists during the course of my physical/occupational therapy care treatments at this office.

I voluntarily consent to the release and disclosure of my personal health information to Beck and Cale Physical Therapy/Coastal Hand and Occupational Therapy.

(Patient to check the applicable box below only)

- All of my health information that the provider has in his or her possession.
- Exception: _____

I understand that the information outlined in this release will be disclosed according to the instructions of this release within two (2) business days of Beck and Cale Physical Therapy/Coastal Hand & Occupational Therapy having received this release authorization. I understand that I am free to revoke this release authorization at any time by notifying the practice in writing. I also understand that the information disclosed under this release is subject to re-disclosure and no longer protected by the Privacy Regulations (45 C.F.R. 164). This authorization is valid for a 12 month period.

Print Patient Name

Date of Birth

Patient Signature/Guardian

Date

OFFICE STAFF TO FILL OUT BOTTOM SECTION ONLY

To: _____ Fax #: _____