

CORNERSTONE PHYSICAL THERAPY

26 W. GRAND AVENUE
CHIPPEWA FALLS, WI 54729
715.723.4451 or 715.723.5034 (Phone)
715.723.5712 (Fax)

AUTHORIZATION FOR DISCLOSURE/RELEASE OF HEALTH INFORMATION

Patient Name · Date of Birth <i>(include maiden name if documentation is under another name)</i>	
Parent · Guardian <i>(if patient is a minor)</i>	
Street Address · City · State · Zip	

I hereby authorize Cornerstone Physical Therapy to disclose my protected health information to:

Name · Entity	Delivery Method	Address · Fax · Email
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Pick-up	
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Pick-up	
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Pick-up	

Specific Documentation to Release:

- ALL clinical medical records
- ALL therapy records
- Other records *(please specify)*: _____

Patient · Parent/Guardian Signature

Date