25216 Grogans Park Dr.
The Woodlands, TX 77380
Ph. (281)357-5454 - Fax (281)357-5499
www.motionphysicaltherapy.com

Authorization for the Release of Confidential Information

_____ _____
Name of Patient (Please Print) Date of Birth

_____ _____
Street Address City State Zip Phone

_____
Maiden Name or other name used for records

I hereby authorize: (Please Print)

_____

_____

the following information from my records:

- ☐ Complete Health Record (s)
- ☐ Health Records from Dr. (s)_____
- ☐ Other (please specify) _____

To release to:

Motion Physical Therapy
25216 Grogans Park Dr., Ste. A
The Woodlands, TX, 77380
Fax: 281-357-5499

Covering the period from _____ to _____

I understand and agree to pay a reasonable copying fee to cover the cost of transfer for litigation.
I hereby release you and your personnel from all legal responsibility of liability that may arise from the act I have authorized above. Center for Spine, Sports and Physical Medicine is not responsible for completeness, legibility, or omittance caused by the copying of any medical records from another institution.

I understand that may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on it and that in any event this authorization shall expire (180) days from the date of my signature, unless specified in writing here:
_____

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or non-health care provider, the released information may no longer be protected by federal and state privacy regulations.

_____ _____
Signature of patient or patient's representative Date

_____
Printed name of patient's representative

Prohibition on redisclosure: This information which has been disclosed to you from confidential records is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violated any provision of this law shall be fined not more than $500 in the case of a first offense, and not more than $5000 in the case of each subsequent offense.