BURGER PHYSICAL THERAPY

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

PATIENT INFO

Date _____

Name _____ Date of Birth _____

Address _____

Phone _____ Email _____

AUTHORIZATION TO RELEASE OR DISCLOSE MY MEDICAL RECORDS TO A 3RD PARTY

The undersigned hereby authorizes and requests BURGER PHYSICAL THERAPY AND REHABILITATION AGENCY, INC. to provide or disclose medical records information to _____ and grant access to my medical records or medical records information for the purpose of review and examination. Medical records information regarding my illness or injury, consultation, diagnostic tests, and treatment is authorized for all instances unless duly noted on the exemptions section below. This release is approved for insurance, legal, athletics and any other individual whose name is authorized in this section.

_____ _____

Name Date

If signed by personal representative, state relationship and authority to do so: _____

EMAIL RECORDS TO: _____ INITIAL ☐ *I understand that there is a risk to receive my records electronically to an unencrypted, unsecured email.*

REQUEST FOR MEDICAL RECORDS

The undersigned hereby authorizes and requests BURGER PHYSICAL THERAPY AND REHABILITATION AGENCY, INC. to provide my records to me.

_____ _____

Name Date

If signed by personal representative, state relationship and authority to do so: _____

EMAIL RECORDS TO: _____ INITIAL ☐ *I understand that there is a risk to receive my records electronically to an unencrypted, unsecured email.*

EXEMPTIONS: REQUEST IS LIMITED TO MARKED SECTIONS BELOW

Check all that apply:

☐ Confined to records regarding admission and treatment for the following medical condition or injury:
On or about this date: _____

☐ Any and all records for the period from _____ to _____

☐ Billing reports for the period from _____ to _____

☐ Confined to the following specified information: _____

PATIENT ACCESS TO HEALTH RECORDS – CAL. HEALTH & SAFETY CODE § 123110
ANY REVOCATION OF THIS REQUEST MUST BE IN WRITING.
THIS AUTHORIZATION EXPIRES SIX MONTHS FROM DATE OF REQUEST.

SEND ALL EMAIL REQUESTS TO
RECORDS@BURGERREHAB.COM