416 S. Creyts Rd. Suite B - Lansing, MI 48917
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EXCLUSIVE Physical Therapy

AUTHORIZATION TO RELEASE PATIENT MEDICAL RECORDS

EXCLUSIVE PHYSICAL THERAPY, INC. - MEDICAL RECORDS POLICIES:

- We require a WRITTEN REQUEST for copies of medical records.
- We ALSO require WRITTEN AUTHORIZATION by the patient or responsible adult person to release medical records.
- There is a $25.00 fee for making copies and sending them to the requestor. This fee is paid by the REQUESTOR, but NEVER the patient. We will try to expedite the processing of the request; however, we have 30 days to comply with any request for copies of your medical records.
- Also see the back side for other Laws (HIPAA) regarding privacy and medical records.

Exclusive Physical Therapy, Inc. has permission to **RELEASE or DISCUSS** any **medical information** to the following. *(Check any or all that you approve)*

	My Spouse: _____ My Parent: _____ My Child: _____ My Co-Worker: _____ Other: _____

Exclusive Physical Therapy, Inc. has permission to **LEAVE A MESSAGE** on my answering machine for the following reason(s); **appointment date/time, missed appointments, billing issues, or balance**. *(Check any or all that you approve)*

	My Spouse: _____ My Parent: _____ My Child: _____ My Co-Worker: _____ Other: _____

H.I.P.A.A Privacy Policy

To assure compliance with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act of 2009 (Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act "ARRA") and the HIPAA Omnibus Final Rule (Effective Date: March 26, 2013).
The HIPAA Privacy Rule Provides federal protection for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.
The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.
I acknowledge I was offered a copy of Exclusive's HIPAA Privacy Policies.

	I want to receive a copy of Exclusive's HIPPA Privacy Policies
	I do not want to receive a copy of Exclusive's HIPAA Privacy Policies

By my signature below, I acknowledge that I have read, understand and approve the above information.

Patient Name	Date of Birth	Signature of Patient or Responsible Adult	Date