Authorization to Release Medical Records

Andrea Wolkenberg
PT, MA, CKTI, MCMT

I authorize my physical therapist, and anyone at SPINE SOLVERS INC. involved in my care, to release any and all of my medical records as per “Notice of Information and Privacy Practices,” including but not limited to the following:

1. Medical History
2. Records of Office or Home Visits
3. Evaluation and Treatment Notes
4. Laboratory Reports
5. Diagnostic Test Results
6. Imaging Reports

Such records may be released to a physician or any other healthcare professional for the purposes of discussing my condition, consulting on my case, or reviewing my records for further treatment.

Upon my request, these records may also be released to my attorney. I understand there may be a fee related to copying medical records and sending them through the mail.

These records may also be released to any governmental agencies, insurance companies and employees thereof for the purposes of pursuing payment, insurance reimbursement, submitting claims for services rendered or to be rendered to me, or performing quality assurance reviews as required by law.

If coverage is under a group contract held by an employer, an association, trust fund, union, or similar entity, this authorization also permits disclosure to them, if requested, for purposes of utilization review or audit.

This authorization shall become effective immediately upon execution and shall remain in effect until revoked in writing. This authorization shall be binding upon me, my dependents, heirs, executors, and administrators.

Patient’s Name: ______________________________
PLEASE PRINT

Patient’s Signature: ______________________________

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