



PHYSICAL THERAPY & PERFORMANCE

MEDICAL RECORDS RELEASE

THIS MEDICAL RECORDS RELEASE (the “Release”) is made on _____. The Patient’s Medical Records be released within the next 30 days as required by the *Health Insurance Portability and Accountability Act*. This Release will be valid until such time a written notice is received from the Patient revoking this Release.

TO: ProSport Physical Therapy Palos Verdes Inc., 28924 S. Western Ave. Ste. 101, Rancho Palos Verdes, CA 90275
Phone: (310)548-0104, Fax: (310)548-0559 and all employees, contractors, and associated individuals thereof.

1. **TAKE NOTICE THAT I,** _____ (the “Patient”), do hereby request the following information be released: All medical and health information contained within: charts, notes, reports, records, medication lists and other lists, prescriptions, flow charts, emails, memorandum, orders, lab results, test results and analysis, diagnostic images and reports, including but are not limited to X-Rays and EKG tracings, photographic images, and digital recordings, including but are not limited to digital images. All other authorizations previously received for the release of any or all of the Patient’s medical information. All of the above is collectively referred to as “Medical Records”, as represented on paper, kept in folders, digitally, electronically or any other form. “Medical Records” also includes production of any documents or material by physicians, nurses, chiropractors, dentists, therapists, counselors, consultants, technicians, and any and all staff of the organization to which this Release is directed.

Disclosure

2. I ask that the Medical Records be released to the following Organization/Individual Name; Street Address; City/ State/Postal Zip Code; Phone Number; Fax Number:

Notice and Additional Information

3. Patient’s Name; Date of Birth; Street Address; City; State/Postal Zip Code; Phone Number; Fax Number; Email:

Continuance of Ongoing or Future Care

4. This Release does not affect any ongoing or future care of the Patient.

SIGNED at Rancho Palos Verdes, California in the presence of:

PATIENT SIGNATURE/LEGAL GUARDIAN

Date

WITNESS (STAFF)