ALASKA HAND REHABILITATION
THERAPY FOR THE SHOULDER, ARM & HAND

4015 Lake Otis Parkway Suite 200
Anchorage, AK 99508
www.akhandrehab.com
P: 907.563.8318
F: 907.563.3472

Authorization to Release Healthcare Information

Patient's Name: _____ Date of Birth: _____

Previous Name(s): _____ Social Security #: _____

I request and authorize Alaska Hand Rehabilitation, Inc. to

release healthcare information of the patient named above to/from:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

☐ Healthcare information relating to following treatment, condition, or dates: _____

_____

☐ All healthcare information

☐ Other: _____

Purpose of Request: ☐ Personal Use ☐ Billing ☐ Other: _____

The purpose of this release of protected health information authorization:

I hereby authorize the above-named facility/provider to disclose medical information concerning the above-named patient to the party identified as the recipient. I understand that I may revoke this authorization at any time by sending in a written notice to the health care facility/provider listed above. I understand that my records may contain sensitive information. I understand that this release is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment, payment, or eligibility for services.

I understand that if the person(s) or entities I authorize to receive my protected health information are not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. To the extent that this information is required to remain confidential by federal or state law, the recipients of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. I understand that, unless revoked in writing, this authorization is valid for one year from the date of signing.

Patient or Guardian Signature: _____ Date: _____

Printed Name: _____