

## Medical Information Release and Contact Information Form

### 1. Release of Information and HIPAA Acknowledgement

Full Name:	Date of Birth:
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☐ I authorize the release of information including the diagnosis, records, and examination rendered to me and claims information. This information may be released to:

☐ Spouse \_\_\_\_\_ ☐ Other \_\_\_\_\_  
☐ Child(ren) \_\_\_\_\_ ☐ Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

*Furthermore, I have been offered the opportunity to review, read, and understand the PPT Notice of Privacy Practice.*

### 2. Patient Contact Information and Messaging Preferences

It is okay to contact me by (select all that apply): ☐ Text ☐ Email ☐ Personal Phone Call/Voicemail

Email Address \_\_\_\_\_

Do you wish to receive automated email appointment reminders? ☐ Yes ☐ No

Cell Phone number \_\_\_\_\_ Home/Alt Ph # \_\_\_\_\_

Reminders: Choose **ONE** type of reminder ☐ Text **OR** ☐ Automated voice call/voicemail

If unable to reach me by phone:

☐ You may leave a detailed message or ☐ (other) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Ph# \_\_\_\_\_

Relationship: \_\_\_\_\_

### 3. Condition Information

Have you had Therapy this year? **Y / N** Type: PT OT Speech Where? \_\_\_\_\_

Is your condition due to an accident? **Y / N** Date of Accident: \_\_\_\_\_

Type: Auto Work Comp Sports Injury Other \_\_\_\_\_

If Auto or Work Comp: Did you file a claim? **Y / N** Adjuster's Name: \_\_\_\_\_

Claim #: \_\_\_\_\_ Adjuster's Phone # \_\_\_\_\_

Do you have an attorney? **Y / N** Attorney's Name/#: \_\_\_\_\_

Patient Signature:	Date:
Witness:	Date: