



REACT

NEURO-REHAB

15046 Beltway Drive
Addison, TX 75001
Phone 972-386-0701 Fax 888-319-1805

Authorization for Release of Confidential Protected Health Information (PHI)

Printed Full Legal Name: _____

Date of Birth (mm/dd/yyyy): _____

I hereby authorize REACT to obtain information from and/or release information to the person and/or agency indicated below for the purpose of treatment.

Name of person and/or agency: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____

By checking below, I specifically authorize the release of the following information:

- All records
- Laboratory/Pathology Records
- X-ray/Radiology Records
- Abstract/Summary
- Pharmacy/Prescription Records
- Other (describe specifically) _____

* If these records include information relating to: (1) Acquired immunodeficiency syndrome ("AIDS") or human immunodeficiency virus ("HIV") infection; (2) treatment for drug or alcohol abuse; or (3) mental or behavioral health or psychiatric care, you are hereby authorizing disclosure of this information.

Specific conditions or limitations of the information to be released include: _____

I release and agree to hold harmless REACT and its trustee, officers, therapists, other health care providers, and other employees from any and all liability associated with the release of my confidential patient information in accordance with this authorization. I understand that REACT is not responsible for use or redisclosure of information by third-parties.

I understand that my records are protected under federal confidentiality (including alcohol and drug disclosure restrictions) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The conditions of this form have been explained to me and my questions have been satisfactorily answered. I understand that I am not obligated to sign this consent form, and I may revoke this authorization at any time with the exception of action already taken based on my previous approval.

Signature of Patient/Client

Name (Print name)

Signature of Witness

Name (Print name)

Date of release

Date release revoked

Initials