SPINE AND SPORT BIOMECHANICAL REHABILITATION CENTER
2816 East Beltline Lane NE ● Grand Rapids, MI 49525 ● Phone (616) 361-1210 ● Fax (616) 361-8662

Patient Medical Record Authorization

I, _____, (DOB) _____; herby authorize Spine and Sport Biomechanical Rehabilitation Center to release my health information, as specified below to:

☐ Patient

☐ Facility / Hospital / Physician: _____

☐ Other: _____

I authorize the following information to be released:

☐ All Medical Records

☐ All Evaluations

☐ All Daily Reports

☐ Other: _____

(Specific description, identification of portions of records to be released, i.e. evaluation, interim reports, discharge summery, daily treatment notes, history, consultation, and/or of time periods of treatment records to be released)

Please provide information for where medical records need to be sent:
Facility Name: _____
Phone Number: _____
Fax Number_____
Address: _____

Patient Rights

My refusal to sign this Authorization will not affect my ability to obtain treatment, payment, or enrollment in a health plan. This authorization will remain effective 90/180 days (circle one) unless an earlier date or condition/event is specified.

However, I understand that I have the right to revoke this authorization, in writing at any time, and that the revocation will be effective except to the extent that Spine and Sport Biomechanical Rehabilitation Center has already taken action in reliance on my authorization. My written statement that I want to revoke my authorization should be delivered to Spine and Sport Biomechanical Rehabilitation Center.

NOTE: The following statement must accompany the information released: *"This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. ORC 5122.31, 45 CFR Part 2, and/or ORC 3701.243 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose."*

_____ _____
Signature of Individual/Guardian /Personal Representative Date

_____
Print Name

For office use only:
Staff person releasing information: _____