AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION TO THE PHYSICAL THERAPIST LICENSING BOARD

As the person who is the subject of protected health information under HIPPA, I request and authorize

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Name and Address of Physical Therapist or Provider

To disclose my health information described below to the Oregon Physical Therapist Licensing Board (OPTLB). The information will be used on my behalf to facilitate the Board's investigation of the physical therapy treatment I received.

I specifically authorize and request the disclosure of the following health information and/or physical therapy records:

Diagnosis or referral by a practitioner_____ Medical history_____

Initial evaluation_____ Plan of care_____

Daily chart notes_____ Progress notes_____

Re-evaluations_____ Discharge summary_____

Billing statements and payment records_____

All other documentation in the record, regarding my medical care, including referrals and correspondence_____

Please send the entire physical therapy record (all information) to the **Oregon Physical Therapist Licensing Board**, **800 NE Oregon Street**, **Suite 407**, **Portland, OR 97232-2187**. I understand this authorization may be revoked at any time by giving written to the physical therapist or provider named above except to the extent that action has been taken in reliance on this authorization. Unless revoked earlier, this authorization will expire 180 days from the date of signature.

I understand that the OPTLB is not a health care provider or a health plan covered by federal privacy regulations and that the information described above may be re-disclosed and will no longer be protected by the HIPPA Privacy regulations.

I understand that my signature on this authorization has no relationship to my ability to receive treatment, payment, enrollment or eligibility for benefits.

I also understand that the OPTLB will keep my health information confidential under Oregon law, including ORS chapter 676.

_____ _____

PRINT NAME DATE OF BIRTH

_____ _____

SIGNATURE DATE