



# AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Patient Email: \_\_\_\_\_  
 Patient Phone Number: \_\_\_\_\_

### INFORMATION TO BE RELEASED TO:

3<sup>rd</sup> Party Name: \_\_\_\_\_  
 3<sup>rd</sup> Party Address: \_\_\_\_\_  
 3<sup>rd</sup> Party Email: \_\_\_\_\_  
 3<sup>rd</sup> Party Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Relationship to patient (Clinic, Attorney, Family, etc): \_\_\_\_\_

### INFORMATION TO BE RELEASED (check one):

- All Medical records on file
- Specific treatment dates: from: \_\_\_\_\_ to: \_\_\_\_\_
- Other (please provide specifics) \_\_\_\_\_

### METHOD OF INFORMATION RELEASE (check all that apply):

- Mail** to Address listed for 3rd party, above.
- Fax** to following number: \_\_\_\_\_
- Verbally Discuss** with 3rd party listed above.

**Email to:** \_\_\_\_\_ (must initial twice below)

Specific information to include in email: (choose this option if you are requesting a one-time specific report or communication) \_\_\_\_\_

I acknowledge that employees of Saunders Therapy Centers, PA will use best efforts to ensure that email communications are delivered to intended recipient but cannot be responsible for incorrect email addresses supplied or the recipient's subsequent use or handling of email contents (**initial here:** \_\_\_\_\_)

I acknowledge that Saunders Therapy Centers, PA does not use email security encryption or other special means of protecting unauthorized access to my private information over the internet (**initial here** \_\_\_\_\_)

Unless specified otherwise below, this authorization will remain in effect for 1 year from date of signature, below.

This request expires on \_\_\_\_\_ (date)

**Patient Print Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Bloomington**

4801 W 81<sup>st</sup> St, Ste 103  
 Bloomington, MN 55437  
 Phone: 952-924-0199  
 Fax: 952-924-0314

#### **St. Paul**

755 Prior Ave N, Ste 235E  
 St. Paul, MN 55108  
 Phone: 651-645-8083  
 Fax: 651-645-8078

#### **Maple Grove**

10900 73<sup>rd</sup> Ave. N., Ste. 110  
 Maple Grove, MN 55369  
 Phone: 763-315-1296  
 Fax: 763-315-1297