Pinnacle Sports Performance & Rehabilitation
300 Beardsley Lane Bldg B Austin, TX 78746
512.329.5500 Phone 512.329.0170 Fax

Patient Consent for Release of Protected Health Information

I, _____(print name), authorize the following physician and/or practice: _____ to use and disclose the protected health information described below for the following purpose(s):_____
_____
This use or disclosure will be made by the office staff of this practice.

The health information to be used and/or disclosed is specifically described as follows:
_____
_____
_____
_____
_____

The person or class of persons to whom the information will be disclosed or who will use the information is: _____
_____

This authorization shall be in force and effective until the following event and/or date:
_____

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA Privacy Regulations. My written revocation must be submitted to the Privacy Officer at 300 Beardsley Lane Bldg B Austin, TX 78746.

The practice will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

_____ _____
Signature of Patient and/or Parent/Legal Guardian Relationship to Patient

_____ _____
Name of Patient Patient Date of Birth

_____
Date

PATIENT AND/OR PARENT/GUARDIAN TO BE PROVIDED WITH A SIGNED COPY OF THIS AUTHORIZATION