HANSEN PHYSICAL THERAPY
• Personal
• Professional
• Experienced Physical Therapy

50 E. Minnesota St. Ste. 2, Rapid City, SD 57701 • Phone (605) 342-3110 • Fax (605) 342-3120 • www.hansenphysicaltherapy.com

Record Release Form

I _____ consent Hansen Physical Therapy to release copies of my medical records.

Patient demographics:

Name: _____ Date of birth: ____/____/_____

Address: _____ City/State: _____, _____

Phone number: _____ Date of record request: ____/____/_____

Record request from:

Person or facility name: _____

Address: _____ City/State: _____, _____

Email: _____ Phone number: _____

Fax number: _____

The reason for the release of this information are as follows:

_____

_____

_____.

Records to be disclosed to:

Person or facility name: _____

Address: _____ City/State: _____, _____

Email: _____ Phone number: _____

Fax number: _____

Information to be disclosed includes:

☐ Complete medical records ☐ Specific service dates: _____

Other: _____.

Signature of patient or guardian: _____ Date: ____/____/_____

This authorization for record release will expire one year from the above date.