



Personal Representative Authorization Form

Introduction

It is a medical professional's responsibility to ensure that patient information is confidential, per HIPAA guidelines. Outbound Physical Therapy & Rehab realizes that there are times when you, the patient, may want another person to be knowledgeable about your medical condition or medical needs. Outbound wants you to be able, if you so desire, to name a person to whom you want the office staff to speak with about your medical condition, for us to be able to do that, we would ask that you complete the form listed below. Please note: If you designate no one, Outbound will not release information to any family member, friend, or legal representative.

Designation Statement

I, _____, designate the following person(s) to be able to speak to a therapist at Outbound, or other staff member, should it be necessary, on my behalf. I hereby give permission to Outbound through its therapists and staff to release to my designee(s) any information about my medical condition or medical needs or the status of my account and I release Outbound and its therapists, and staff, from any claim of confidentiality in connections with the release of this information.

- I understand that I may terminate this Medical Authorization form. I must notify this facility in writing regarding termination and effective date.
- This authorization shall remain valid until revoked in writing.**
- I know that I am entitled to receive a copy of this agreement.

The above medical information SHALL only be released to the following persons:

Family Member/Personal Representative	Relationship:	Phone Number:
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

Patient's **Signature:** _____ Date: _____

Witness: _____

I DECLINE to designate another person to speak with my therapist or clinical staff.

Patient's **Signature:** _____ Date: _____

Witness: _____