



650 Hawkins Ave, Suite 4      PH (631)981-7422  
Ronkonkoma, NY 11779      FX (631)981-2490

## MEDICAL RECORDS RELEASE AUTHORIZATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindly release a copy of my medical records, lab reports or diagnostic test results to **Pinnacle Physical Therapy**. I have been advised and understand that my medical records and information are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I hereby authorize the release of my medical records to the above name.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**



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## **PATIENT CONSENT FORM**

### **Health Insurance Portability and Accountability Act**

*I hereby grant permission for the following:*

Phone calls to my home for the purpose of confirming / canceling appointments or to discuss my care

Alternative phone number for messages: (      ) \_\_\_\_\_

Messages can be left on my answering machine

In my absence, you may speak with: \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**