Omega Physical Rehab
154 E Front St, Plainfield, NJ 07060-1202
Phone: (908) 548-8684
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Authorization for Access, Use and/or Disclosure of Protected Health Information

Patient Information:

Patient Name: _____ **Date of Birth:** _____

I hereby authorize Omega Physical Rehab to release information as indicated below to:

Name _____

Street _____ City/State _____ Zip _____

Telephone Number: _____ Fax Number: _____

Reason for the Request: _____

Disclosures for the Following Dates of Service: _____

Specific description of information to be accessed and/or disclosed:

⬜ **My Medical Records:**

⬜ Complete medical record (except for mental health and/or developmental disability, substance abuse, and/or HIV/AIDS-related information; must be checked separately)

⬜ Therapy notes: Physical, Occupational, and/or Speech

⬜ Physician Documentation

⬜ Social Worker Notes

⬜ HIV/AIDS-related information records

⬜ Mental health and developmental disability records

⬜ Other: _____

I have read and understand the following statements:

- I authorize the use and disclosure of my health information to provide, arrange, or coordinate my health care treatment.
- I understand that Omega Physical Rehab may be allowed by law to refuse to allow access to or disclosure of all or part of my protected health information.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.

By signing below, I authorize the release of my confidential health information:

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