

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 2600, Sacramento, CA 95815
P (916) 561-8215 | (800) 832-2251 | F (916) 263-2560 | cps@dca.ca.gov
www.ptbc.ca.gov • facebook.com/ptbcnews • twitter.com/ptbcnews



AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

CHECK ALL RECORD TYPES THAT APPLY		
Physical Therapy and Billing Records	☐ Diagnostic Images	
PATIENT INFORMATION		
Patient Name		
Date of Birth		
Date of Death (If applicable)		
Medical Record Number (If known) Or SSN		
Case Number		

Patient Name: I, the undersigned hereby a	authorize:		Page 2 of 2
Physical Therapist/Assistant			
Facility Name			
Facility Address			
City		State	Zip Code
Phone Number	Treatment Date(s)		
to provide records in the course of drug abuse patient records (original a OF CALIFORNIA, CONSUMER PR records, authorized herein, is require criminal proceedings regarding any valid until the Physical Therapy Bo proceedings arising out of the invest A copy of this authorization shall be this authorization if requested by me written notification to the Physical Th CA 95815.	and/or electronic/computer g OTECTION SERVICES, a hed for official use, including i violations of the laws of the Start ard of California of the Start tigation. as valid as the original. I understand that I have the	enerated) to the nealthcare over investigation a tate of California derstand that the right to rev	ne PHYSICAL THERAPY BOARING PHYSICAL THERAPY BOARING PRISIDENT AND THE PHYSICAL THERAPY BOARING PRISIDENT PRISIDENT PRISIDENT PHYSICAL PHY
My written revocation will be effective for the extent that such per recipient of my information is not a longer be protected by federal privace.	rsons have acted in reliance health plan or health care	upon this au	thorization. I understand that the
Patient Signature	- OR -	Ī	Date
Legal Representative Name		Ē	Relationship to Patient
Legal Representative Signatu	ure	Ī	Date

Note: Pursuant to Business and Professions Code, section 2660.4, a licensee who fails or refuses to comply with a request from the board for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the records have not been produced after the 15th day, unless the licensee is unable to provide the records within this time period for good cause. This release is compliant with the requirements of HIPAA and Civil Code section 56.11.