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

The Authorization for Release of Patient Health Information form authorizes the Physical Therapy Board to obtain medical information and patient records regarding the patient's physical therapy care from the licensee and/or the facilities involved with the physical therapy care provided.

Print or type the patient's name, date of birth, date of death, and medical record number (if known). The name of the provider, facility name and address, and phone number as outlined in your complaint.

If there are multiple physical therapists, physical therapy assistants, physical therapy aides (unlicensed personnel) and/or facilities involved in the patient's care, complete a form for **each** licensee and/or aide; and/or facility seperately. Medical records can **only** be requested from the licensee(s) and/or facility listed on the Authorization for Release of Patient Health Information form. Do not add extra comments or notations on the Release of Patient Health Information Form, as this will VOID the form and you will be asked to complete another.

The Authorization for Release of Patient Health Information form must be signed and dated by either the patient or the individual legally authorized to make medical decisions for the patient. If the patient is unable to sign, the form may be signed by:

1) the next of kin, if the patient is deceased (provide copy of death certificate)
2) the parent of a minor child
3) 3) the person named by the patient in a signed Power of Attorney granting the person authority to make medical decisions for the patient

The specific California statutes and regulations related to the practice of physical therapy are contained in the Physical Therapy Practice Act (Business and Professions Code §2600- 2696, California Code of Regulations (Title 16, Division 13.2), and other pertinent sections of the Business and Professions Code. Refer to the Board's website at: https://www.ptbc.ca.gov/laws/index.shtml

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AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient Name: _____

Medical Record No. or SSN: _____ (Optional) Date of Birth: _____

Date of Death: _____ (If Applicable)

I, the undersigned, hereby authorize:

Physical Therapist/ Assistant: _____
(Last Name) (First Name)

Facility Name: _____

Address: _____

Phone Number(s): _____ Treatment Date(s): _____

to provide records in the course of my treatment, including physical therapy, medical, psychiatric, alcohol and drug abuse patient records (original and/or electronic/computer generated) to the PHYSICAL THERAPY BOARD OF CALIFORNIA, CONSUMER PROTECTION SERVICES, a healthcare oversight agency. This disclosure of records, authorized herein, is required for official use, including investigation and possible administrative and/or criminal proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid until the Physical Therapy Board of California of the State of California completes its investigation and proceedings arising out of the investigation.

A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Physical Therapy Board of California, 2005 Evergreen Street, Suite 2600, Sacramento, CA 95815.

My written revocation will be effective upon receipt by the Physical Therapy Board of California but will not be effective to the extent that such persons have acted in reliance upon this authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

(Rev. 07/2021)

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A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization if requested by me.

Signature: _____ _____

Patient Date

Or:

_____ _____

Legal Representative Relationship 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.

(Rev. 07/2021)