

# Therapy Innovations



9621 Bitter Melon Dr. Angier, NC 27501 Phone: 919-275-9675 Fax: 919-400-4324  
4140 Ramsey St. Suite 111 Fayetteville, NC 28311 Phone: 910-488-3700 Fax: 919-400-4324

## Consent For Release of Records

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

I hereby authorize **Therapy Innovations** to request records from the following facility:

Name of Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The purpose of the exchange of information is to coordinate patient care. This request is valid for one year from the date of signature.

This document has been explained to me and I understand (1) the contents that are to be requested, (2) why the information is needed, and (3) that there are regulations protecting the confidentiality of the above authorized information. I acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I also acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has already been taken.

\_\_\_\_\_  
Patient Name (Print)                      Date of Birth

\_\_\_\_\_  
Patient/Spouse/Parent/Legal Guardian      Date  
(Signature)

\_\_\_\_\_  
Witness    Date

**PLEASE FAX RECORDS TO 919-400-4324**