14509 Minnetonka Dr. Minnetonka, MN 55345
Phone: 952-933-4650 Fax: 952-933-4670

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Client's Name: _____ Date of Birth: _____

Caregivers Name: _____ Relationship: _____

I request and authorize Therapy Junction to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

_____

☐ All healthcare information

☐ Other: _____

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES AT THE TIME OF DISCHARGE FROM SERVICES.