

HIPAA Authorization
Millennium Physical Therapy, LLC

I (_____), the undersigned patient and/ or responsible party, hereby authorize Millennium Physical Therapy, LLC, its physicians, agents, employees, or representatives to discuss or release any or all patient information about my treatment or health care including, but not limited to, past and current medical information, appointment scheduling, prescriptions, etc. to the person(s) indicated below.

(Example: employer, spouse, children, significant other, friends)

I hereby authorize Millennium Physical Therapy to disclose health information to the following:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Signature (Patient to sign if over the age of 14)

Date