Total Physical Therapy
6933 S. 66th E Ave. Tulsa, OK 74133 Phone# 918-495-0600 Fax# 918-496-2146

BILLINGS DISCLOSURES TO INDIVIDUALS INVOLVED IN PATIENT'S CARE

There may be times when it is necessary for an individual directly involved in your care to call Total Physical Therapy to inquire about your personal health information or billing information. Please take a few moments to complete this form.

I authorize Total Physical Therapy to disclose my health information that is directly related to my current treatment at Total Physical Therapy to the individual(s) listed below for purposes of their role in my treatment or payment for the health services that I have received.

Such persons involved in your care may include spouses, children, blood relatives, roommates, boyfriends or girlfriends, domestic partners, neighbors, and colleagues.

NAME	RELATIONSHIP

I do not wish to have my health information disclosed to the following individuals involved in my care.

NAME	RELATIONSHIP

_____ _____

Signature of Patient (or Patient's Representative) **Date**

If you are the representative of a patient, check the scope of your authority to act on the patient's behalf:

- ☐ Power of Attorney
- ☐ Executor of Legal Rep.
- ☐ Guardian
- ☐ Parent
- ☐ Surrogate Decision-Maker
- ☐ Other (please specify). _____

Provide documentation or explanation of your authority to act for the patient:

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