



FOCUS THERAPY SERVICES, INC.



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New Bern, NC 28561
Fax# 252-672-8677

Main Office
3310-A Neuse Blvd.
New Bern, NC 28560
T# (252)672-8676

Bayboro Office
14180 NC Hwy 55
Bayboro, NC 28515
T# (252)745-5500

Morehead City Office
5242 US Hwy 70 W
Morehead City, NC 28557
T# (252)222-3343

www.focustherapy.org

Authorization for Release/Disclosure of Protected Health Information

I hereby authorize:
Focus Therapy Services, Inc.
3310 Neuse Blvd, Suite A.
New Bern, NC 28560

To release/disclose your protected health information (PHI) to the following individual/entity, or consult with the following care provider(s):

Patient Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Medical record release request for dates covering: (from): _____ (to): _____ Parent/guardian understands by signing this document that they are enabling the providers listed above to discuss and disclose information pertaining to my treatment. Parent/guardian understands that this will include information relating to (check applicable boxes below):

- Medical care and treatment
- Education/academic planning and service records
- Behavioral health service/psychiatric care (does not include psychotherapy notes for which a separate authorization must be signed)
- Treatment for alcohol and/or drug abuse
- Developmental history/evaluation and treatment
- Occupational, physical or speech therapy evaluations, treatment plans, discharge summaries and progress notes
- Consultation reports, billing records
- Photographs, videotapes
- Other: _____

I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the day, event or condition (one year from date signed). The facility, its employees and officers are hereby released from any legal responsibility or liability for disclosure of the above information the extent indicated and authorized herein.

Signed:

(Patient or Patient's Guardian)

(Date)

Or (Legal Representative)

(Relationship to Child)

(Date)

(Signature of Witness)

(Date)