



O Therapy Services, LLC
800 Kensington, Suite 100
Missoula, Montana 59801
Phone: 406-239-5820
Fax: 406-924-7292
otherapyservices@gmail.com

Authorization for Use or Disclosure of Protected Health Information

Client Name: _____ DOB: _____

To: _____

I hereby authorize the above-mentioned school, agency, or individual to:

- Release information to O Therapy Services, LLC
- Obtain information from O Therapy Services, LLC
- Exchange information with O Therapy Services, LLC

The following information may be disclosed:

- All information regarding evaluation and progress
- Other: _____

This information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct. I authorize a representative of O Therapy Services, LLC and Integrated TherapyWorks (ITW) be permitted to exchange pertinent health and contact information with professionals involved in my or my (child's) therapy care. I authorize O Therapy Services, LLC and ITW to release or receive information by the following methods: (Please initial all three).

_____ mail _____ fax _____ secure email.

I understand that I have the right to revoke this authorization, in writing, at any time.

I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state law.

I verify that I understand the privacy practices act which has been presented to me in written form and was offered for my personal records. _____ Initial

Signature of Patient or Parent/Guardian

Date

This authorization shall be in force and effect for one year from the date above, unless otherwise specified.

Mail or fax information to: O Therapy Services, LLC
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Missoula, MT 59801
FAX: 1-406-924-7292