W.A.B. PHYSICAL MEDICINE AND REHABILITATION OF PENNSYLVANIA, PC

16 Rose St
Johnstown Pa 15905
Phone (814) 539-0257 Fax (814) 536-0963

William Bergin DO

Medical Records Release Form

This form is for use when such authorization is required and complies with the Health Insurance Portability Act of 1996 Privacy Standards.

Patient Name_____ Date of Birth: _____SSN: _____

Address_____City_____

State_____ Zip Code_____

Phone _____

Information Requested From:

Name_____

Address_____City_____

State _____ Zip Code_____

Phone_____ Fax _____

Submit Information To:

Fax: 814-536-0963 (preferred method)

W.A.B Physical Medicine and Rehabilitation of PA
16 Rose St
Johnstown, Pa 15905

I, _____ authorize the disclosure of the following information: (check all that apply)

- o All of my records
- o Medical information ONLY related to: _____
- o Medical information from: _____ to: _____
- o Other_____

_____ _____

Signature Date