

**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

Brooke Heiple, CRNP

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

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Johnstown, Pa 15905

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

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

Signature

Date