



2001 N Loy Lake Rd Suite J

Sherman, TX 75090

Phone 903) 487-5520

Fax- 903) 496-0004

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_ **State & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Dates of service requesting to be sent:** \_\_\_\_\_

I, \_\_\_\_\_ expressly request that PerdueWorks Therapy Group under

**Patient name**

**HIPAA rights to disclose my full and complete protected medical information to the entities listed below.  
With the exception of, \_\_\_\_\_**

**Please specify**

1. \_\_\_\_\_

**Name, Phone Number and fax number**

1. \_\_\_\_\_

**Name, Phone Number and fax number**

1. \_\_\_\_\_

**Name, Phone Number and fax number**

1. \_\_\_\_\_

**Name, Phone Number and fax number**

**Print Patient Full name:** \_\_\_\_\_

**Print name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_