



Release of Medical Information

- I have had diagnostic tests or surgical procedures performed and grant my physician, _____, permission to release the following reports to Vital Energy Occupational Therapy & Wellness Center:

- I authorize Vital Energy Occupational Therapy & Wellness Center to release any medical information regarding this injury/condition to the following:
- My health insurance company
- Referring physician
- Work Comp carrier/employer if work comp injury
- _____
- _____

Assignment of Benefits

- I authorize Vital Energy Occupational Therapy & Wellness Center to file insurance on my behalf and accept assignment of my benefits to Vital Energy Occupational Therapy & Wellness Center.

Privacy Policy

- I have been made aware the privacy policy of Vital Energy Occupational Therapy & Wellness Center is posted and I may request a copy at any time.

Signature _____ **Date** _____

Relationship if other than patient _____