



iYour Fun and Learning Spot!

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Info. 352-301-7535

HIPPA Release Form

I _____, parent/guardian of patient

give permission to "PLAY PALS THERAPY, LLC." and all employees to discuss and/or receive medical information including medical records concerning any and all aspects of patient's previous healthcare by a doctor, physical, occupational or speech therapist, or other medical professional. This release is required to obtain medical information according to the privacy rule detailed in HIPPA (The Health Insurance Portability and Accountability Act of 1996).

Patient Name:

Patient Date of Birth:

Patient's Social Security:

Parent/Guardian's Name (Printed):

Parent/Guardian's Signature:

Date: _____