



**NEW DIMENSIONS**  
*physical therapy*

**AUTHORIZATION TO RELEASE  
PROTECTED HEALTH INFORMATION (PHI)**

At New Dimensions Physical Therapy we value a team approach to care. As authorized by you, we communicate our findings in your medical record with members of our physical therapy staff as well as off site professionals involved in your care to insure continuity and quality in all of your treatments.

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

I hereby authorize New Dimensions Physical Therapy to release to the individual(s) or entity(ies), referenced below, copies of medical records pertaining to myself either written or verbal.

RELEASE TO: \_\_\_\_\_ Phone #  
The professional staff at New Dimensions Physical Therapy\* 512-328-8950

Personal Trainer(s) \_\_\_\_\_

Acupuncturist \_\_\_\_\_

Psychologist/Psychotherapist \_\_\_\_\_

Massage Therapist \_\_\_\_\_

Pilates Instructor \_\_\_\_\_

Physician \_\_\_\_\_

Chiropractor(s) \_\_\_\_\_

Family Member \_\_\_\_\_

\_\_\_\_\_

\*The professional staff at New Dimensions Physical Therapy consists of the following:  
Rebecca Kern Steiner, PT - Ben Shook, PT, DPT - Jan Hutchinson, PT - Monica McIlvain, PT - Terri Mitchell, PTA - Mark Barber, PTA - Sarah Irwin, LMT

**Signature of Patient or Authorized Legal Representative:**

\_\_\_\_\_ Date \_\_\_\_\_