Blue Horizon Therapy
Pediatric Occupational Therapy and Speech Therapy
Office: 8 W. Dry Creek Circle Ste. 210
Littleton, CO 80120
Phone: 303-886-9921 Fax: 720-645-1646 www.bluehorizontherapy.com

AUTHORIZATION TO RELEASE PATIENT RECORDS TO THIRD PARTIES

Patient Name: _____ Date: _____
Date of Birth: _____

I hereby authorize Blue Horizon Therapy to: (Check one only)

☐ Obtain information from:

☐ Release information to:

Agency: _____
Attention: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____

Please include the following information:

_____ Health and Medical Records
_____ Standardized Test Data
_____ Special Education Records
- _____ All IEP documents
- _____ Current IEP documents
- _____ Individual teachers' records
- _____ Service providers' records (e.g. Occupational Therapy, Physical Therapy, Psychology, Speech Therapy)

_____ Other (please specify) _____

These records are to be released for the following purpose(s):

_____

_____

I understand that the information to be released may include material that is protected by state and/or federal law. My signature verifies that I am legally entitled to review and receive all such information.

_____
Signature (Parent or guardian of patient, or patient if aged 18 or over)
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

For Office Use Only: Date Requested Received: _____ Received By: _____
Date Records Provided: _____ Provider's Name: _____