Pinnacle Kidz
Pediatric Physical Therapy

1640 Valencia St., #1C
San Francisco, CA 94110
Tel: (415) 654-5324
Fax: (415) 654-5327
info@Pinnaclekidz.com
www.Pinnaclekidz.com

Authorization for Release of Information

Patient Name:_____ Date of Birth: _____

Parent/Guardian Name(s): _____

☐ I authorize the therapists of Pinnacle Kidz/Pinnacle Physical Therapy, Inc. to release information to:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____

AND/OR

☐ I authorize the therapists of Pinnacle Kidz/Pinnacle Physical Therapy, Inc. to obtain information from:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____

☐ I authorize the therapists of Pinnacle Kidz/Pinnacle Physical Therapy, Inc. to release information to:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone#/Fax #

AND/OR

☐ I authorize the therapists of Pinnacle Kidz/Pinnacle Physical Therapy, Inc. to obtain information from:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone#/Fax #

I understand that the information exchanged will be kept private and confidential for the purpose of team member collaboration of care.

Parent/Guardian Signature: _____ Date: _____