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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

CLIENT'S PRINTED NAME: _____

It is understood that D & W Rehab, Inc. staff may obtain the following information through written reports or from verbal conversation with any other professional involved in the medical/vocational case during the time when said client has an open case with D&W Rehab, Inc.

I HEREBY REQUEST AND AUTHORIZE you to release to D & W Rehab, Inc. the following types of information: Physician's notes; Vocational Information; Diagnostic Tests; Psychological Test Reports; P.T. Reports; Employment Information; Educational Transcripts.

I ALSO AUTHORIZE D & W Rehab, Inc. to release information pertinent to this case to other professionals involved in my case.

Client can request revocation (in writing) at any time except when action has already been taken.

DOB: _____

CLIENT SIGNATURE: _____ DATE: _____

If client is a minor, signature of a parent or guardian is required.
If unable to write his/her name, the client should enter an "X" or other mark.