Better Better
NPI: 1346134012

800 Sprague St, Suite 106
Walla Walla, WA 99362

Phone: (509)563-0719
Fax: (509)215-9278

Authorization for Release of Personal Health Information (PHI)

I. Patient Information

Last Name _____ First Name_____ DOB_____

II. Purpose/Information to be Released

I understand that Better Better will share personal health information related to insurance, billing, and claims, and information necessary for continued medical care.

III. Recipients of Information

I understand that personal health information will be released to insurance companies for billing and claims purposes, and to medical professionals as necessary for continued care.

I understand I may revoke this authorization at any time in writing, except where actions have already been taken.

Signature | Patient/Legal Representative _____