

**State of Nevada**  
**Board of Occupational Therapy**

P.O. Box 34779  
Reno, Nevada 89533-4779  
Phone (775) 746-4101 / Fax (775) 746-4105 / Toll Free (800) 431-2659  
E-mail: board@nvot.org / website: www.nvot.org

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**Release of Medical Records**

I, \_\_\_\_\_, hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic or other medical related facility, licensed or certified by the state of Nevada or any other state, to release information from my medical records to the State of Nevada, Board of Occupational Therapy at the above address.

It is understood that this release will be used in the following manner:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the Board, and;
2. All information may be released, including, medical and/or psychological, history, physical and/or mental condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results and all professional(s)'s notes.
3. This release shall be valid for one year from the date of signing.
4. A copy of this release is as valid as the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Client/Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness