

RELEASE OF PROTECTED HEALTH INFORMATION RECORDS

CHIROPRRACTIC PLUS, PC
550 E THORNTON PARKWAY, SUITE 178
THORNTON, CO 80229
303-254-8430

Release From: _____
Phone: _____
Fax: _____

Release To: Chiropractic Plus, PC
Phone: 303-254-8430
Fax: 303-254-8235

Patient Name: _____
S.S. No: _____
Fax: _____

Release The Following Protected Health Information:

I, the undersigned, request and consent to the release of the following Protected Health Information:

- X-Rays History Diagnosis Treatment Reports
 Other: _____

Send The Protected Health Information To:

CHIROPRRACTIC PLUS, PC
550 E THORNTON PARKWAY, SUITE 178
THORNTON, CO 80229
303-254-8430
303-254-8235-FAX

Purpose Of Release:

- For the purpose of treatment at the above health care facility.
 Other: _____

Patient: _____
Patient or Legal Representative Date

Witness: _____
Privacy Officer Date

The Protected Health Information of the above referenced patient will be used solely for the purposes of treatment, payment and operations. This facility complies with all applicable federal and state privacy statutes.