Dyanna Anfang, DC
Anfang Chiropractic, PC
2234 Channing Way
Berkeley, CA 94704
Fax 510-549-9083
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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

[Please email to info@anfangchiro.com or fax to 510-549-9083]

Patient's Name ____

Previous Name (if applicable) ____

Date of Birth ____

I hereby request and authorize Anfang Chiropractic Professional Corporation to release my clinical chart notes for the patient named above to:

Name ____

Address ____

City ____ State _____ Zip __________

Tel. ________________________ Email ______________________________________

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules. I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires.

____ ________________________

Patient's Signature Date