

The Massage Pad

Authorization for Release of Medical Information

I _____, hereby authorize disclosure of protected health information about myself as directed below.

Information to be released from:

The Massage Pad

Information to be released to:

_____ and

Information to be released may include any of the following:

Health history, chart notes, progress notes, and correspondence.

Purpose for disclosure:

___ Attorney ___ Insurance

Patient Authorization: I give my specific authorization for these records to be released.

Date _____

Signed _____