



PATIENT INFORMATION RELEASE FORM

Client Name:	Record Number:
Date of Birth:	Telephone Number:
E-Mail:	
Address:	
City:	State:
Zip Code:	

Complete appropriate information regarding the release of personal medical information in the spaces below:

PROVIDER Professional from which information will be released.	<input type="checkbox"/> Name: _____ Phone: _____ Address: _____ E-Mail: _____ <input type="checkbox"/> Valdamar Archuleta: The Muscle Shop, (303)229-1976, (719)738-2185, 725 Main Street Walsenburg CO 81089, 2524 Colorado Ave # 205 Colorado Springs CO 80904 E-Mail - valdamar@themuscleshop.biz
REQUESTOR Professional to whom information will be released to.	<input type="checkbox"/> Name: _____ Phone: _____ Address: _____ E-Mail: _____ <input type="checkbox"/> Valdamar Archuleta: The Muscle Shop, (303)229-1976, (719)738-2185, 725 Main Street Walsenburg CO 81089, 2524 Colorado Ave # 205 Colorado Springs CO 80904 E-Mail - valdamar@themuscleshop.biz
Information should include:	<input type="checkbox"/> Information pertaining to the care that can be provided by a Massage Therapist. <input type="checkbox"/> Information pertaining to the help and information provided by a Fitness Trainer and/or Nutritional Specialist. <input type="checkbox"/> Other: _____
Medical Condition or Injury:	Description: _____ _____ Time Period (From - To): _____
Information Limitations (if any)	
Reason for information release	

I give permission to the PROVIDER to release Medical Record Information to the REQUESTOR concerning the MEDICAL CONDITION/INJURY described above which was diagnosed/treated during the stated TIME PERIOD. The information released will be restricted by any INFORMATION LIMITATIONS outlined above, and may be used only for the purpose described.

I understand that I can cancel this release at any time by notifying the PROVIDER in writing and that my cancellation will take effect when the PROVIDER receives my written notice. I understand that my cancellation will not have any effect on information released before the PROVIDER received my written notice.

Signature of Person Releasing Information: _____ Date: _____
 Name, if not Client: _____ Relationship to Client: _____
 Reason why Client unable to sign: _____