

**RELEASE OF PROTECTED HEALTH INFORMATION RECORDS**

Free My Spine Health Group  
7904 Foothill Boulevard  
Sunland, CA 91040

Tel. (818) 455-5443 Fax: (818) 230-0443  
Email: DrRichardsonDC@freemyspine.com

**Release From:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Release To:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**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:**

Free My Spine Health Group  
7904 Foothill Boulevard  
Sunland, CA 91040

Tel. (818) 455-5443 \* Fax (818) 230-0443

**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.*

