

ASHBY CHIROPRACTIC CLINIC

RELEASE OF MEDICAL RECORDS/X-RAYS

Name of Provider: _____

Address: _____

City/State/Zip: _____

Telephone #: _____

Fax #: _____

To whom it may concern:

Please release medical records, radiograph reports and/or films. For our mutual patient listed below for the date of service indicated.

Patient name: _____

Date of Service: _____

Date of Birth: _____

Signature of responsible party: _____

Please forward requested information as soon as possible - for continued quality care of our mutual patient.

Effective 04-14-2003 the federal government has mandated HIPAA regulations. Copies of the HIPAA regulations are available for your review in the lobby or a copy for your convenience upon request. Ashby Chiropractic Clinic and all associated with the clinic will safeguard your patient privacy and security through confidentially and medical records. Patient information will be shared with other providers as needed for continued care; i.e. consultations, outside radiology (imaging), for payment or collections etc. If you should choose not to have this information released you may do so now or you may revoke your consent at a later date.

Dr. Michael D. Ashby
1475 Richardson Drive, Suite 204
Richardson, Texas 75080
972-414-8181
469-248-3414 fax
michael@ashbydc.net