



ELITE Chiropractic & Injury Rehab
2150 Commercial St SE, Suite 10
Salem, Oregon 97302
Phone: 971-707-4706
Fax: 971-707-4705

PERMISSION TO RELEASE CONFIDENTIAL INFORMATION TO A FAMILY MEMBER, FRIEND OR LEGAL REPRESENTATIVE

IMPORTANT NOTICE: The law prohibits the release of confidential medical information to an entity without the written voluntary consent of the undersigned patient.

Name of Patient: _____ Date of Birth: _____

- ❖ ELITE Chiropractic & Injury Rehab may leave messages on my phone YES NO
- ❖ I authorize ELITE Chiropractic & Injury Rehab to confirm appointments and/or discuss information regarding my medical condition with: (spouse, relatives, friends)

_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship

If you do not want any information given to anyone other than yourself please initial here _____

I understand this Authorization. I also understand that the information used or disclosed may be subject to re-disclosure by the recipient and no longer protected under federal law. I understand this document is not a release of medical records.

Signature of Patient

Date

Signature of Legal Representative

Date

Printed Name of Legal Representative

Date