

Medical Records Release Form

The request for medical reports, certificate & letters will attract varying fees depending on the details required.

I, _____ (Full Name), _____ (DOB)

Of _____ (Address),

hereby authorize Dr. Henry Lin of Spino Concept to release relevant medical information to third parties specified below.

Subject (person/organization) of Disclosure :

Organization(s) _____

Mr/Mrs/Ms/Dr First name _____ Last name _____

Address & contact (if known): _____

State _____ Postcode _____ Email _____ Phone _____

Information to be released

IMPORTANT: indicate only the information that you are authorizing to be released.

- Medical/legal report (\$88-\$150) Certificate of Diagnosis (\$88)
- Care / Exercise Plan (\$88) Radiological Analysis reports (\$88)
- Electronic Treatment Records / Radiographic Records (N/C)
- Proof of condition / Disability (for Centrelink & Council purpose \$55)
- Occupational Health Letter – Ergonomics / Letter of necessity (\$25)

Reason(s) for releasing information

- Patient's request Treatment/continued care by other health practitioner
- Insurance application Employment School Gym/Yoga
- Other (please explain) _____

Preferred Due Date _____

This consent is valid for single use, and will end 3 months from the date the form is signed unless I indicate an alternative date range in writing here:

Signature: _____ Date: _____

- Collect report / letter in person email report to _____