

Shen Ming

Health Cultivation Center

REQUEST/CONSENT TO RELEASE RECORDS & INFORMATION

I, _____ (print full name), born on _____,
SSN _____, Phone _____,

hereby authorize:

Shen Ming Health Cultivation Center
2009 Cedar Avenue
Manhattan Beach, CA 90266
Tel (310) 545-5588
Fax (424) 247-8063
Email: info@shenminghealth.com

To disclose to:

Person or Facility _____

Address _____

Tel _____ Fax _____ EMAIL _____

The following information:

<input type="checkbox"/> Complete Medical Record to date	<input type="checkbox"/> Initial Medical Assessment
<input type="checkbox"/> Intake and Discharge Summaries	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Treatment/Discharge Plan
<input type="checkbox"/> Other _____	

For the purpose of:

<input type="checkbox"/> Medical Treatment Plan/Intervention	<input type="checkbox"/> Coordination of Treatment - Referral Source
<input type="checkbox"/> Referral of Patient for Further Treatment	<input type="checkbox"/> Other _____

Approximate dates of treatment: _____

Information to be released via:

Fax SCAN/email Photocopy/Mail Telephone

I understand the purpose of this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implication of their release. This request is entirely voluntary on my part. I am aware that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

Print Patient or Parent/Guardian Name

Patient or Parent/Guardian Signature

Date

I witnessed that the aforementioned person understood the nature of this request/authorization and freely gave his or her consent.

Print Witness Name

Witness Signature

Date

NOTICE: All information contained herein is strictly CONFIDENTIAL and protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance of the contents of these documents