



Optimal Family Chiropractic, LLC

22 Plaza Road
Flanders, NJ 07836
Dr. Brenda L. Rooney
973-584-4888

Authorization for the release of Medical Records

Patient's Name: _____, Date of Birth: ____/____/____

Please list maiden name/ other names used: _____

I hereby request and authorize:

Optimal Family Chiropractic, LLC
22 Plaza Road
Flanders, NJ 07836

[] To disclose information to: or [] receive information from:

Provider: _____

Address: _____

City: _____, State: _____, Zip code: _____

The Information to be disclosed includes copies of the following:

- [] Entire Medical Records [] Physical Examination
[] Progress Noted [] Chart notes (SOAP)
[] Image Reports [] X-rays, CT Scans, MRI, & Others _____

[] others, specify: _____

Purpose for the disclosure: [] Treatment, [] Payment, & [] Others Specify _____

This authorization will be effective for one year after the date signed, unless cancelled in writing. I _____, understand that the cancellation will have no effect on the information released prior to receiving a copy of this authorization is valid as the original.

_____, ____/____/____ or
Patient's Signature Date

_____, ____/____/____
Signature of Legal Representative/Relationship Date

If signing for a minor patient, I hereby state that my parental rights have not been revoked by a court of law.

Notice to recipient of information: This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosures of this information without the specific written consent of the patient or legal representative.