



Thanks for choosing Beacon Hill Chiropractic and Massage for your preventative healthcare and rehabilitation needs! We are part of your healthcare team, therefore it is important that we update your family physician on your choice to seek treatment in our office. This comprehensive approach will ensure that you are receiving the best care possible to help you get better faster and ultimately help you maintain and manage your health. The privacy of our patient's health information is important to us; however, we do request that you allow us to share your information and our concerns with your family doctor.

I _____ hereby authorize Dr. _____ to share information with my medical doctor regarding my assessment, examination and/or treatments when they see fit and when it will be of benefit of me for that information to be shared.

I understand that the authority provided by this consent document may be revoked at any time, and that I am responsible for providing any instructions for revocation in writing.

Signature of patient or patient's guardian

Date

Beacon Hill Chiropractic and Massage, 11636 Sarcee Trail NW 403-516-1141

www.getbetterfaster.ca