



3 Corporate Plaza Dr
Newport Beach, CA 92660
Phone: (949) 640-7030

AUTHORIZATION TO RELEASE RECORDS

I authorize: Priestley Family Chiropractic Ph: (949) 640-7030
3 Corporate Plaza Dr, Suite 200 Fx: (949) 640-0356
Newport Beach, CA 92660 Email: wellness@priestleychiropractic.com

To Disclose My Health Information Consisting Of (x-rays, treatment plan, notes please include date of service if possible):

To: Self Other _____

Method of Delivery:

Pick Up
 Fax (_____) _____
 Mail to Address _____

Medical records are the property of the medical provider or facility that prepares them. This includes films and tracings from diagnostic imaging procedures such as x-ray, CT, PET, MRI, ultrasound, etc. The patient has a right to view the originals, and to obtain copies under Health and Safety Code sections 123100 - 123149.5. The fees you paid for the x-rays or other diagnostic imaging were for the expertise, equipment, and supplies to take the images and diagnose them. You have a right to obtain copies of your x-rays. The physician can charge you the actual cost of making the copies of the x-rays. - http://www.mbc.ca.gov/Consumers/Complaints/Complaints_FAQ/Medical_Records_FAQ.aspx

I understand we **do not** e-mail any patient records. I understand that I am financially responsible for a **\$35 processing fee** associated with the release of my personal record. Payment is due upon request. Please allow **3-5 business days** for the request to be completed.

(Patient Printed Name)

(Date of Birth)

X

(Patient Signature)

(Date)