

Cousineau Chiropractic Life Center, P.C.

14550 King Rd. Riverview, MI. 48193

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CCLIFECENTER14@GMAIL.COM

MEDICAL RELEASE AUTHORIZATION

Each time you are seen by a medical professional a written report is generated detailing your visit and treatment. We need your signed authorization to release medical information electronically, by mail or by fax or by email.

As a patient at Cousineau Chiropractic Life Center, P.C. your personal information may be released by/to any of the following entities:

1. Your primary care physician.
2. A Consulting physician.
3. Another hospital or diagnostic center.
4. An attorney or their representative.
5. Any city, county, state or federal agency.

By signing here, you authorize Cousineau Chiropractic Life Center, P.C. to release/receive necessary medical information. This authorization will remain in effect until revoked by you.

(Please note: BY LAW, we must send reports to Worker's Compensation or Auto Insurance carriers if your care is related to a work or auto injury.)

Patient Name: _____

Address: _____

Phone: _____

Birthdate: _____

Last 4 of SS# _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____