



harwoodchiropractic
freedom to live

PATIENT INFORMATION RELEASE FORM

NOTE: Form to be completed by parent or legal guardian of a patient under the legal age of consent.

I, (Print Name) _____ date of birth ___/___/___
give Harwood Chiropractic team members permission to release or discuss
any of my chiropractic healthcare information kept on file at their practices
with (individual/s name) _____.

Signed _____ Date ___/___/___

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