



Raschke Chiropractic Center, S.C.

Preventive Family Health Care

Fred W. Raschke, D.C.

PO Box 736

N1992 County Road F, Weyauwega, WI 54940

Phone: 920-867-2451

Medical Information Release Form

(HIPAA Release Form)

Name: _____

Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This release includes leaving detailed messages on my phone answering machine. This information may be released to:

Spouse _____

Child(ren) _____

Parents _____

Other _____

Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

Parent or Legal Guardian _____ Date: ____/____/____