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Release of Information Form

Client Name: _____

Address: _____

Facility Name: _____

TO WHOM IT MAY CONCERN:

Please furnish _____ (hereinafter "Facility") and/or any of its personnel, information, copies of any and all hospital and medical records and/or reports of any sort, charts, notes, x-rays, lab reports and prescription information, including the right to inspect and copy such records. Facility is to be furnished any and all other information without limitation pertaining to any confinement, examination, treatment or condition of myself, including medical, dental, psychological or other treatment, examinations, or counseling for any condition, medical, dental or psychological.

This authorization shall be considered as continuing and you may rely upon it in all respects unless I have previously advised you in writing to the contrary. It is expressly understood by the undersigned and you are hereby authorized with the same validity as though an original has been presented to you.

Dated this _____ **day of** _____, **20**__

Signature: _____

Name: _____

Address: _____

Phone: _____