

Healing Heart Center

12625 High Bluff Drive • Suite 101 • San Diego, CA • 92130
(858) 481-8810 • (858) 481-8816 FAX

Authorization to Release Information

Date: _____

I hereby authorize _____ Name
_____ Address
_____ Phone

to release and receive information regarding _____

to/from _____ Practitioner name
Healing Heart Center Agency name
12625 High Bluff Dr., Suite 101 Work address
San Diego, CA 92130
858-481-8810

The following is/are included:

_____ treatment dates/duration
_____ case summary
_____ case notes
_____ testing results
_____ testing data
_____ medication information/summary
_____ other: _____

Patient name (please print) _____

Signature _____ Date _____

Witness _____ Date _____

This authorization expires one year from date of signature. Please initial here _____