



Birthdate: _____
Name: _____
Chart#: _____

Hillclimb Chiropractic Clinic Family Members and Friends Involved in Patient Care
Matt Brown-Ruegg, DC PS | 1409 5th Ave | Seattle WA 98101 | 206-624-3590 | www.hillclimbclinic.com

This form documents my request to allow family members and/or friends to be involved in verbal and written discussions regarding my health care. The people listed below may receive any verbal information needed to participate in my care or to help me make decisions. By signing this form, I permit staff within Matt Brown-Ruegg, DC PS DBA Hillclimb Chiropractic Clinic to discuss information about me with the people listed below. This information may include diagnosis, test results, treatment options and other information from previous clinics.

- I understand that signing this form is voluntary and that information may be released to family members or others without this form, if allowed by federal and state law.*
- I understand that listing a person on this form does not give them the right to receive or copy my written medical records. It does not allow them to consent for health care on my behalf.**
- I understand this form is not used to share information about patients who are minors.**

Name	Phone	Relationship to Patient

The following information has special protection under Washington law and will be made available to the people I've listed above **only if I indicate my approval by checking the box(es) below and initialing the line(s).**

- HIV/AIDS or other communicable diseases including sexually transmitted diseases.
- Substance abuse services
- Mental health services

I can update this form at any time by completing a new form and giving it to my provider or forwarding it to: Hillclimb Chiropractic Clinic, Health Information Management – Release of Information 1409 5th Ave Seattle WA 98101. I can revoke or cancel this form at any time by sending written notification to the same address or fax 206-583-4139.

Signature: _____ Date: _____

Print Name: _____

*Refer to our Notice of Privacy Practices (HIPAA)

**other forms are required for these purposes. Please ask front desk for assistance.