



New Life Ketamine Clinic, LLC

www.newlifeketamine.com

7905 Schatz Pointe Dr. Suite 100

Dayton, OH 45459

Medical Information Release Form
HIPAA Release Form

Name: _____ Date of Birth: ____/____/____

We are unable to discuss your treatment with anyone unless you give us written permission.

I authorize the release of information including the diagnosis, records, images, examination rendered to me, and claims information. This information may be released to:

Please note: Certain treatments may result in the patient feeling sedated or tired. You will need to have a driver for such treatment. **Your driver must be listed on this medical information release form prior to treatment.**

Name: _____ CELL: _____

Name: _____ CELL: _____

Name: _____ CELL: _____

Name: _____ CELL: _____

Physician: _____ Phone: _____

Address: _____

Information is not to be released to anyone.

This release of information will remain in effect until terminated by me in writing.

Messages

Please call my home work cell Number _____

If unable to reach me:

You may leave a detailed message

Please leave a message asking me to return your call

Other _____

The best time to reach me is (day) _____ between (time) _____.

I have received a copy of this office's Notice of Privacy Practices.

Signed: _____ Date: ____/____/____