

Clovelly Park Chiropractic Clinic

1230 South Road
Clovelly Park, SA
5042

Ph:(08) 8277 6866

Fx:(08) 8277 3136

Email:

info@clovellyparkchiro.com or
<mailto:chris@hume-phillips.com>



Patient Authority to Release Records to Clovelly Park Chiropractic Clinic

Dear Doctor,

....., (DOB:) who has attended your Practice has requested that their file information be forwarded to this Practice including information such as;

1. Any relevant History/Consultation/Examination notes
2. Hard/digital copy of Radiographs taken (either originals or duplicates) including accompanying radiological reports if present.

Delivery address is as follows:

**Clovelly Park Chiropractic Clinic, 1230 South Road, Clovelly Park, SA ,
5042**

OR,

Email: chris@hume-phillips.com

Below is the authorisation from the patient for release of the information.
Thank you for your assistance.

Kind Regards,

Dr. Christopher Hume-Phillips

PATIENT AUTHORISATION FOR RELEASE OF PERSONAL INFORMATION.

I, do authorise the release of personal file information as described above to Dr. Christopher Hume-Phillips of Clovelly Park Chiropractic Clinic. I understand a reasonable fee may be charged for this.

Signed.....

Dated.....

Dr. Christopher
Hume-Phillips
BSc(UNSW), M.Chiro (Mag)
Grad Dip Animal Chiro
PN: 2009166B

ChiroHealth Practices P/L
T/A Clovelly Park
Chiropractic Clinic
ABN: 35 346 975 562

