

Arcadia Acupuncture Clinic
1216 Cannon Street
Helena MT 59601
(406) 443-6138

Authorization for Release of Health Information

Patient Name _____
SSN _____
Birthdate _____

I authorize Arcadia Acupuncture Clinic to release health information and medical records to:

For the following dates: _____

Printed Name _____ Relationship to Patient _____
Signature _____ Date _____