



PACIFIC NATUROPATHIC
M E D I C A L C E N T E R

Authorization for release of information as deemed under the HIPPA (Health Insurance Portability and Accountability Act of 1966) compliance Privacy Standard Code 164.508(b)(6).

I, _____ **the undersigned do hereby authorize**

(Hospital, physician, clinic)

(Address)

(City, ST, Zip)

To release information to:

- Complete Chart
- Progress Notes
- Labs and Imaging
- Medication History

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Signature of Patient

Date

Date of Birth

Social Security Number

Witness