## GISLASON FAMILY CHIROPRACTIC Dr. Eric J. Gislason, D.C.

H.I.P.A.A.			
Authorization	For	Release	of
Medical Infor	matl	on	
Claim #			

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I hereby autho	rize:		
To release to:	5875 Hwy	Samily Chiropractic/GFC, I 93 South, Suite A Montana 59937 (406) 862-9	
Medical Recor Obtained duri the course of Treatment,	ng		
records and informany part of the records abuse, sex above named persons.	nation pertaining to the class ords/information which mulally transmitted diseases a	des Annotated, the undersigned ccess to all claims for treatment, im. I understand that this Autho ay include treatment for physicand HIV/AIDS test results or diad all such information or copies orized agent(s).	medical and hospital rization extends to all or l and metal illness, alcohol/
The treatment dat waives any privile Chiropractic Lega named in the claim the above claim.	es covered by this Authoriz age as to the contents of thos Panel only, which includes to before the Panel, or their	ation include all dates of treatme se records for the purposes of cor s distribution of the records to the attorneys and the members of the	nsideration by the Montana e chiropractic physicians
Montana Chiropra responsibilities or	ctic Legal Panel. I hereby r liability that may arise from	at any time, except to the extent natically expire 120 days from the elease the Montana Chiropractic n disclosure of medical records in patient and a parent or legal gui	e date claim received by the Legal Panel from all legal
Date	Patient's Signature	Patient's Print	ed Name
Date	Witness Signature		
Date	Parent/Legal Guardian S	Signature	MCLP-Med Info Release

## GISLASON FAMILY CHIROPRACTIC Dr. Bric I. Gislason D.C.

H.I.P.A.A.			
Authorization	For	Release	of
Medical Infor	matl	on	
Claim #			

MCLP-Med Info Release

Dir Dire ji O16.	10001, D.C.		
I hereby author	orize:		
To release to:	5875 Hwy 93 South	hiropractic/GFC, Inc. n, Suite A na 59937 (406) 862-9700	
Medical Record Obtained during the course of Treatment.	ng		(Patient Name) (Address) (City/ST/Zip) (Social Sec. #)
records and infor any part of the re- durum abuse, sex above named per	on 27-12-302(2), Montana Codes Annotactic Legal Panel to obtain access to all mation pertaining to the claim. I undecords/information which may include the cually transmitted diseases and HIV/Ason/entity to deliver any and all such copractic legal panel, or authorized against	erstand that this Authorization that this Authorization treatment for physical and AIDS test results or diagnost information or acceptable.	ical and hospital tion extends to all or I metal illness, alcohol/
Chiropractic Lega named in the claim the above claim.	tes covered by this Authorization incluege as to the contents of those records if Panel only, which includes distributed before the Panel, or their attorneys a Nothing in this statement shall in any error on any other context, in or out of co	for the purposes of consider ion of the records to the chand the members of the Par	eration by the Montana iropractic physicians
Montana Chiropr responsibilities or	ny revoke this Authorization at any time.  Authorization will automatically exactic Legal Panel. I hereby release the liability that may arise from disclosure patient is a minor, both the patient ar	Montana Chiropractic Leg	e claim received by the al Panel from all legal
Date	Patient's Signature	Patient's Printed N	lame
Date	Witness Signature		
Date	Parent / Legal Guardian Signature		CLP-Med Info Release