

Consent Form for Release of Records

I, _____

give permission for Anna Mattila, LMT NH OPLC# 9271 and WA State Lic.# MA60294790 to release my records i.e. massage therapy notes for continuity of care from the first date of service rendered to the last date of service.

I understand that I have the right to see these massage therapy notes at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the information provided is needful to determine the extent of injuries suffered. This consent is valid only until:_____ This consent is not automatically renewable. It expires automatically at the date given above unless revoked in writing sooner.

By my signature below, I affirm that I have read this consent form, or it has been read to me, and I understand its content.

Signed:_____

Dated:_____