ECLECTIC NATUROPATHIC MEDICAL CENTER, LLC

Kathleen M. Riley, ND ~ CT Lic # 000079

66 Cedar Street, Suite 201, Newington CT 06111
Tel: 860.665.1254

Permission/Request for Sharing Private Health Information

I, _____, request that a copy of my medical records, including labs and clinical notes from:

Doctor's Name: _____

Address: _____

_____

Dated from: _____ to _____

Be released to the above Practitioner by fax or mail

Patient Name (please print): _____

Signature: _____

Date: _____