

Kevin Ross D.C.

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## Discussion Consent Form

As a patient at Advanced Chiropractic, we are happy to discuss your health care with family or friends that you choose, but only when you specifically say we can.

By signing this form, you consent that Dr. Ross, Dr. Orey, and the staff are allowed to speak with the person or people specified below in regard to your diagnoses, treatment and treatment options, finances, and any other topics encircling your health care.

Persons we may discuss your case with:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**(Check One)**

I give consent for any and all applicable information to be discussed

I only want the following information to be discussed:

\_\_\_\_\_  
\_\_\_\_\_

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_