

MEDICAL AUTHORIZATION AND DIRECTION

TO: DALEWOOD HEALTH & WELLNESS

FROM:

CLIENT NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

CLIENT ID: _____

I, the undersigned, do hereby consent that Dalewood Health & Wellness may publicly release via the 'Google Reviews' page, any information or documents that may be needed by Dalewood in order to address my complaint or concern, and that the documentation may include clinical notes and records, diagnostics reports and test results, pathological reports, reports of diagnostic tests, medical reports, treatment records, abstracts or excerpts of any records or any other information or documents possessed by Dalewood in its facility or in any practitioner's charting notes, and/or any attendance records that may exist.

I further understand that the Google Review page can be publicly viewed anywhere in the world and as such, it is possible that some or all of my private health information may become available for any person or organization to view.

Should any of my personal health information become available via the Google Reviews page, I understand that any or all of the information can be used against me by my employer, or a future employer, insurance companies, or government agencies.

And for so doing, this shall be your good and sufficient irrevocable authority.

I hereby waive any privilege I may have with respect to my private health information.

Dated at _____ this _____ day of _____, 20____.

X _____
A Solicitor of Oaths

X _____
Dalewood Client

Print Name: _____

Print Name: _____