



**CLIENT INFORMATION REQUEST FORM**

I, \_\_\_\_\_, authorize / request the release of the following information:

- Client Intake Form
- *Treatment Notes by South East Massage & Myotherapy:*
- Treatments notes dated from: \_\_\_ / \_\_\_ / \_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_
- OR**
- ALL Treatment Notes**
- *Referral Letters*
- Referral Letters dated from: \_\_\_ / \_\_\_ / \_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_
- OR**
- ALL Referral Letters**
- Private Health Fund Information
- Billing Information
- Invoice Statements
- *Any other written information or correspondence concerning Client's health and treatments during the period of:*
- \_\_\_ / \_\_\_ / \_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_
- OR**
- ALL written information or correspondence concerning Client's health and treatments.**

Information to be sent to the following person / company:

Company:	
Attention to:	
Address:	
Contact No:	
Email:	

I acknowledge that according to the SEMM Privacy Policy, there is a \$20.00 administration fee payable to SEMM prior to the release of any information collected or generated by SEMM.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

**SEMM ADMINISTRATION**

**CLIENT INFORMATION:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_

Contact Number: \_\_\_\_\_ Date of Request: \_\_\_ / \_\_\_ / \_\_\_\_ Status: \_\_\_\_\_