

Stuart Yates Osteopathy

M.Ost DO ND

Registered Osteopath

Release of medical records

Dr: _____

Practice Name: _____

Address: _____

Under the provisions of the Access to Health Records Act 1990, Data Protection Act 1998, The Data Protection (Subject access) (fees & Miscellaneous provisions) Regulations 2000.

I,..... (Print Name)
Date of birth....., hereby consent for my osteopath to obtain information about any aspects of my medical history, including the results of test or investigations. I understand that you may charge me (the patient) an administration fee for this service.

Yours sincerely,

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Signed

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Dated