

**OPTIMAL HEALTH CENTER
DR. SHANNON SINSHEIMER, N.D.
74040 EL PASEO BLVD., SUITE D
PALM DESERT, CA 92260
(760) 568-2598**

Medical Records Release Authorization: I authorize Optimal Health Center to release my medical information to any physician or health practitioner to whom I am being referred for care and to any payer of my care including my insurance company or managed care program upon their specific request. I also authorize any physician or health care provider I have seen to release my medical records to Optimal Health Center. Such authorization is effective for a period of one year, and extends to records regarding my dependent or minor child, if applicable.

Signature of Patient (or legal guardian)

Date

Patient's (or legal guardian's) Printed Name