



Integrative Massage of Boulder

Rebecca Wilson - Nationally Certified Massage Therapist
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Authorization to Release Health Information

I, _____ (client), authorize my Physician,
_____, and Rebecca Rice-Wilson of Integrative
Massage of Boulder, LLC to discuss and correspond about my medical status as it pertains to providing
me with safe and effective massage therapy.

I also authorize the following people to discuss and correspond about my medical status under the
conditions listed here (if any). Please include phone numbers:

I understand that my medical records, in whole or part, will be used in this process, but that any
correspondence or discussion will be confined to those medical conditions or treatments which may be
affected by the massage therapy session.

I wish to exclude the release of the items and information listed here:

Signature: _____

Date: _____