

# **GENERAL AUTHORIZATION**

From time to time, your chiropractor and members of the practice staff may need to use your name, address, phone number, and your clinical records for any of the reasons listed below.

You may restrict the individuals or organizations to which your health care information is released or you may revoke your authorization to us at any time; however, your revocation must be in writing and mailed to us at our office address. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. In addition, if you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

Information that we use or disclose based on the authorization you are giving us may be subject to re-disclosure by anyone who has access to the reminder or other information and may no longer be protected by the federal privacy rules.

You have the right to refuse to give us this authorization. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, or other health related information at any time (164.524).

Below is a list of ways that we may use your name, address, phone number, or even your health information. Please review the list and sign the bottom, if you approve of the use of your information for these purposes. If there is something you are not comfortable with, please speak with the staff.

## **New Patient Letters**

After your first visit, we try to send you a letter with some important information for your care.

## **Appointment Reminders**

It is not uncommon for your doctor or a member of the practice staff to call you to remind you of your appointment, or to reschedule a missed appointment. These calls may be made to your home or place of business, and if you are not available, a message will be left with whomever answers the phone or on an answering machine.

## **Referral Letters**

To show our appreciation to you, if you refer a patient to us, we will send you a letter offering you a free adjustment for your next visit.

## **Birthday Cards**

Birthdays are a special time, and we like to help you celebrate by sending you a birthday card.

## **Billing Correspondence**

Patient billing, and insurance billing or anything regarding your bills in our office.

**Newsletters**

Throughout the year we send many informative newsletters.

**Thank You Notes/ Sympathy cards**

**Use of Pictures / Testimonials**

From time to time we take pictures of our patients to hang on our wall, or to use in our newsletters.

**Fund Raising Authorization**

Our practice may be involved in a fund raiser for Chiropractic causes. We may need to contact you to ask for your help. Of course you do not ever need to participate in the fund raiser.

**Marketing Authorization**

From time to time we may use your name, picture or information about you for marketing purposes.

This notice is effective as of the date listed below. This authorization will expire seven years after the date on which you last received services from us.

I authorize you to use or disclose my health information in the manner described above. I am also acknowledging that I have received a copy of this authorization.

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Authorized Provider Representative

\_\_\_\_\_  
Personal Representative Printed

\_\_\_\_\_  
Personal representative Signature

\_\_\_\_\_  
Description of personal representative's authority to act for the patient.