Hessler Chiropractic

Patient Authorization

Standard Authorization of the use and Disclosure of Protected Health Information

Information to be used or disclosed

The information covered by this authorization includes: All Protected Health Information

Persons Authorization to use or disclose information

Information listed above will be used or disclosed by:

Name of Person	Relationship	Phone #
Name of person	Relationship	Phone #

Expiration Date of Authorization

This authorization is effective through duration of treatment unless revoked or terminated by the patient or patient's personal representative.

Patient Rights

Right to terminate or revoke authorization

You may revoke or terminate this authorization by submitting a written revocation to this office and contact the privacy officer.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations. I understand this office will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure.

If you understand and agree with all of the above policies, please sign your name below.

Patient or Legally Authorized Individual Signature	Date
Print Patient's Full Name	Date
Witness Signature	Date

279 W Capac Road
Imlay City, MI 48444
810-724-0596
www.hesslerchiro.com