



3572 Brodhead Road  
Suite 302  
Monaca, PA 15061  
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## *Patient Authorization*

### **Standard Authorization of Use and Disclosure of Protected Health Information**

\_\_\_I give Large Chiropractic Clinic permission to discuss my personal health information (PHI) as defined by HIPAA regulation with the following people:

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Name and Relationship of Person

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Name and Relationship of Person

\_\_\_I do not give Large Chiropractic Clinic permission to share my personal health information (PHI) with anyone as defined by HIPAA regulations.

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## *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 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.

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Patient or Legally Authorized Individual Signature

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Date

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Print Patient's Full Name

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Date

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Witness Signature

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Date