



# Disclosures and Consents

Version 4 – 1.15.18

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Patient Authorization for Use and Disclosure of Protected Health Information

At times it can be convenient to allow another person, such as a spouse, access to your protected health information (x-ray reports, medical records, bills and payment records with our office, etc.). Without a signed authorization in place, we are unable to discuss anything about your health care, health needs, treatment, or account balances with any person, even your spouse who could also be a patient. To enable someone (or multiple people to speak with us about your protected health information, you may sign below.

By signing, I hereby authorize Eriksen Chiropractic Centers to use or disclose protected any and all protected health information it has (medical records, account records, x-ray reports, etc.) to only the following people:

<u>Name:</u>	<u>Relationship:</u>
_____	_____
_____	_____
_____	_____

The authorization will expire on:  Indefinitely (until notified in writing) or  Specific date of expiration: \_\_\_\_\_

You may revoke this authorization, at any time, in writing, by sending a request by mail to Eriksen Chiropractic Centers, 415 Cardinal Drive, Elizabethtown, KY 42701, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

The protected health information disclosed pursuant to this authorization may be redisclosed by the recipient and may no longer be protected by the federal privacy regulations.

Printed Name:	Signature	Date
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*If signed by anyone other than the patient, please write a description of the signer's authority to act for the patient:*

\_\_\_\_\_  
\_\_\_\_\_

## Communication Preferences:

Please select one from each category that apply:

Work Phone:

- It is okay to leave a detailed message
- Please just leave a call back number
- Please do not call me at work if possible

Cell Phone:

- It is okay to leave a detailed message
- Please only send appointment reminders
- I do not have a cell phone.

Email:

- It is okay to leave a detailed message
- Please only send appointment reminders
- I do not use email

Written Communication:

- It is okay to mail detailed information to my home address
- Please only mail statements and bills to my home address

Home phone:

- It is okay to leave a detailed message
- Please just leave a call back number
- Please do not call me at home if possible
- I do not have a landline at home

**Appointment Reminders: Our computer systems will send out automated text messages and emails, reminding you of your upcoming appointments!**

