

**HIPPA – Health Information Portability and Accountability Act
Release Information Form for
Auger Family Chiropractic, PC**

Name: _____ Date of Birth: ____/____/____

Release of Information:

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse - Name: _____

Child(ren) - Names: _____

Other- Name: _____

Information is not to be released to anyone other than for insurance purposes and when required by law.

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages:

Please call or text: my home my work my cell

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

Other: _____

The best time to reach me is (*day*) _____ between (*time*) _____

Mailings:

Our office may send you a weekly email with office announcements (to your email address on file) and a seasonal/birthday card to the address listed in your file.

Full Notice:

A more detailed explanation of our policies is available for you to read and take a copy with you. Please ask for it at the front desk.

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____