HIPPA – Health Information Portability and Accountability Act
Release Information Form for
Pickens Family Chiropractic, LLC

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 (**please check ALL that apply**):

[ ] 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.

I wish to be contacted in the following manner (check all that apply):

____Home Telephone

____Leave detailed message at home

____Leave message with call back number only at home

____Leave detailed message at work

____Leave message with call back number only at work

____Fax information to ______________________

____Written Communication

____Mail to Home Address

____Mail to Alternate Address

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____Other______________________

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: ___/____/______