

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION

Comprehensive Chiropractic

Information to be Used or Disclosed

The information covered by this authorization includes:

All medical records, x-rays and reports, and all pertinent medical history.

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Specialists, Primary Care Physicians (PCP), Medical Insurance Company in order to process claims submitted and by Hospitals, if applicable. As deemed necessary by Patrick D. Feder, DC and Professional Staff.

Expiration Date of Authorization

This authorization is effective unless revoked or terminated by the patient or the patient's personal representative requested in writing.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting written revocation to **Comprehensive Chiropractic**. You should contact **Patrick D. Feder, DC, Compliance Officer** to terminate this authorization.

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.

Signature

Name of Patient (PRINT or TYPE)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient

Comprehensive Chiropractic

113 W. 5th St., Eureka MO 63025 (636) 938-9310

1750 Gravois Rd., High Ridge MO 63049 (636) 677-4345