

Cornerstone Chiropractic & Acupuncture

Patient authorization for Use and Disclosure of Protected Health Information

By signing, I authorize Cornerstone Chiropractic & Acupuncture to use and/or disclose certain protected health information (PHI) about me to:

- Schools
- Insurance Company
- Attorneys
- Family Member
- Spouse
- Workman's Comp
- Other (Please Specify) _____

This authorization permits Cornerstone Chiropractic & Acupuncture to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of services, type of services, level of detail to be released, origin of information, etc.):

The information will be used or disclosed for the following purpose:

(If disclosure is requested by the patient, purpose may be listed as "at the request of the individual".)

This authorization will expire automatically and is valid for 6 years unless otherwise specified or dated _____ . (furnish date or defined event)

I do not have to sign this authorization in order to receive treatment from Cornerstone Chiropractic & Acupuncture. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the privacy officer at:

**Shep A. Phillips D.C./Andrea Phillips D.C.
Cornerstone Chiropractic & Acupuncture
1044 S. 88th Street
Suite 100
Louisville, CO 80027**

Signed by:

Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable

Patient/Guardian must be provided with a signed copy of this authorization form.

*Authorization must be received for reasons other than routine treatment, payment or health care operations. Cornerstone Chiropractic will not furnish PHI without a signed authorization.