

PALLIS CHIROPRACTIC CENTER, P.C.

Appointment Reminders and Health Care Information Authorization

At times our office may need to contact you with appointment reminders, information about treatment or other health related information. By signing below, you are giving us authorization to contact you with these reminders/information and understand that

I may be contacted by: phone at home or work, mobile, e-mail, or postcard.

Messages may be left by: on answering machine/voicemail at home, work, and on mobile phone.

Or with individuals answering my phone at home, or work.

(Please place a line through any method that you refuse to be contacted by and initial)

Information that we use or disclose based on this authorization may be subject to re-disclosure by anyone who has access to the reminder or information and may no longer be protected by the federal privacy rules.

You may restrict the individuals or organizations to which your health care information is released, or revoke your authorization at any time; however, the revocation must be in writing and will become effective once we receive the revocation. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

You have the right to refuse any part of this authorization without affecting your treatment of the methods used to obtain reimbursement for your care. You may inspect or copy the information that we use to contact you to provide appointment reminders, information and treatment alternatives, or other health related information at any time (§ 164.524).

I authorize the use or disclosure of my health information as described above. This notice is effective as of the date below and expires seven years from the date I last received services in this office.

Patient name printed

Date

Patient Signature

Authorized provider representative

Personal representative Printed

Personal representative signature

Description of personal representative's authority to act for the patient.