De Blon Chiropractic Offices

438 Route 739

Lords Valley, Pa. 18428

Authorization for Disclosure of Health Information

Patient Name:______________________________ Date of Birth:______________

Social Security Number:______________________________ Medical Record Number: __________

I hereby authorize the use or disclosure of the above-named individual's health information as described below.

Persons/Organizations to provide information:
____
____
____
____

Persons/Organizations to receive information: 570-775-6656
DeBlon Chiropractic Offices
438 Route 739
Lords Valley PA 18428

Specific description of information to be disclosed (include dates (s)): ______________________
____
____

Purpose for disclosing information: To aid patient in their care.
____
____

I understand that I may revoke this authorization at any time by notifying the providing organization in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. The facility, its employees and officers and attending physician are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein. I understand that if the organization/individual authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Unless otherwise revoked, this authorization will expire 60 days from the date of signature.

I understand that my health care and the payment for my health care will not be affected if I do not authorize this disclosure. I understand that I will be given a copy of this authorization form, after signing.

______________________________ ______________
Signature of Patient/Legal Guardian Date

If signed by legal representative, relationship to patient ______________________

______________________________ ______________
Signature of Witness Date

Honesdale 570-253-0904 Fax 570-253-9206 Lords Valley 570-775-6656