

## **Authorization To Release Information**

Many of our patients allow family members such as their spouse, parents, children, or others to call and request medical or billing information. Under the requirements of HIPPA, we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information available to others you must sign this form. Signing this form will only give consent to release this information to those indicated below. This release will not allow Jacksonville Chiropractic Center to release any other information to those listed below.

\*You have the right to revoke this consent in writing at any time.

1. Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_
2. Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_
3. Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_

### **Authorization To Leave Messages on Answering Devices or with Others.**

\_\_\_\_\_ Occasionally, when a patient is not available to speak with, it is necessary to leave a message concerning patient appointments and requests for the patient to call and discuss medical care or billing. This release allows Jacksonville Chiropractic Center to leave voice mail messages or person to person messages at a location (home, work, other) where those other than the patient may hear or receive it.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_