Revitalize Chiropractic Wellness Center
107 Kinsley Drive
Brodheadsville, PA 18322
(570) 402-2810 (office); (570) 420-2811 (fax)
revitalizechiro@gmail.com
www.revchiropractic.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand this authorization is voluntary, and that if the organization to receive the information is not a health plan or health car provider, the related information may no longer be protected by federal privacy regulations, and it may be re-disclosed by the recipient.

- Patient Name:
- Organization Providing the Information:
- Organization(s) or Person(s) receiving the Information: Revitalize Chiropractic Wellness Center
- Specific Description of Information Disclosed:
  ____
  ____
  ____
- Purpose of Disclosure: ____

____

____

Date of Services ______/______/_______ (dd/mm/yyyy)

You must read the following statements:

1. I understand this Authorization will expire on _____/_____/_____ (dd/mm/yyyy), or on the following event ____.
2. I understand that I may revoke this Authorization at any time by notifying Revitalize Chiropractic Wellness Center in writing, but if I do, it will not have any affect on any actions Revitalize Chiropractic Wellness Center took before they received the revocation.

Signature of Patient or Representative ____

Relationship to Patient __________________________ Date ______________________________

RELIEF HEALING PREVENTION REVITALIZE YOUR BODY FOR LIFE