

# Cumberland Valley Chiropractic Clinic, LLC.

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **SPECIFIC AUTHORIZATION**

*Please initial each statement if you agree. If you do not agree please mark the statement blank with an "X"*

\_\_\_\_\_ I give permission to Cumberland Valley Chiropractic to use the following information: my address, phone number, and clinical records to contact me with appointment reminders, missed appointment notification, birthday cards, "miss you" cards, using pictures of you on our success wall and social media accounts, leaving you voicemails and e-mails.

\_\_\_\_\_ If I offer a testimonial of my success at Cumberland Valley Chiropractic I understand that the testimonial may be used in the office and on the clinic's social media accounts as an educational tool for future client's and the general public.

\_\_\_\_\_ I understand that a sign in sheet is used as an office procedure to verify my presence in the office and that other clients may see this information.

\_\_\_\_\_ If Cumberland Valley Chiropractic contacts me by telephone, I give permission for the doctor/staff to leave a voice message on my answering machine or voice mail.

\_\_\_\_\_ If applicable, I authorize my spouse / life partner to receive information regarding my care at Cumberland Valley Chiropractic should the need arise to act on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **RIGHT TO REVOKE AUTHORIZATION:**

You have the right to revoke parts of or all of this authorization, in writing, at any time. However, your written request to revoke this authorization is not effective to the extent that we have provided services or taken action in reliance on your authorization. You may revoke this authorization by mailing or hand delivering a written notice to the Policy Officer of Cumberland Valley Chiropractic. The written notice must contain the following information: Complete Name, Date of Birth, the date of your specific request, a clear statement of your intent to revoke parts of or the entire authorization, and your signature. The revocation is not effective until the Policy Officer receives it. You have the right to refuse to sign this authorization. If you refuse to sign this document, Cumberland Valley Chiropractic will not refuse to provide care based exclusively on this refusal.

Cumberland Valley Chiropractic requests this authorization for its own use/disclosure of Protected Health Information. You have the right to inspect or copy this document to be used/disclosed.