

MARION FAMILY CHIROPRACTIC, INC
238 Wareham Rd, Marion MA

PRIVACY NOTICE and AUTHORIZATIONS

Name _____
Please Print

Date _____

ID Check by _____

I have received a copy of Marion Family Chiropractic's "**Notice of Privacy Practices for Protected Health Information**"

Disclosure of Health Information

I authorize to Marion Family Chiropractic, INC, to disclose my health information as follows:

- If it is necessary to refer me to another healthcare provider or hospital, and likewise for that provider to report results back to MFC;
- To parties potentially responsible for payment for my services such as my health insurance carrier;

If it is necessary to transfer my health information to approved parties electronically, such as by Fax or Internet, I authorize this action

Signed _____

Contact via Mail and Phone; Voice-mail Messages

I authorize Marion Family Chiropractic, INC to contact me via mail or phone with appointment reminders, personal messages such as birthday greetings, information about treatment alternatives, or other health related information that may be of interest.

If my home or cell phone is equipped with voice-mail and I cannot be reached personally, I authorize messages, appointment notices, etc., to be communicated by voice-mail.

Signed _____

Release of Health Information to Specific Persons

I authorize that my health information, including but not limited to test results, appointments and billing information, may be released to my husband/wife or other

(circle one)

(pls print name of authorized person(s))

Signed _____

Use of Your Information in a Written Testimonial

Patients often find that their treatment results in a significant change in condition or quality of life and want to share their experience with others through a written testimonial in Marion Family Chiropractic's "Our Patients Speak" or other vehicle such as a human interest story in a local newspaper, etc. If you do feel strongly about telling your story through testimonial of this type we will need your permission to publish it.

- I authorize to Marion Family Chiropractic, INC to use my health information in the manner described above.

Signed _____

Use of Child's Photo on the "Kids Bulletin Board"

If the patient of record is a minor we need a parent's or guardians permission to display a photo on our "Kid's Bulletin Board". First names only are used on the photos.

- I authorize Marion Family Chiropractic, INC to display a photo of my child as described above.

Signed _____