

You may revoke this AUTHORIZATION by mailing or hand delivering a written notice to the Privacy Official of Peachtree Center Chiropractic & Rehab. This written notice must contain the following information:

Your name, Social Security number and date of birth; A clear statement of your intent to revoke this AUTHORIZATION; The date of your request and you signature.

The revocation is not effective until the Privacy Official receives it.

This AUTHORIZATION is requested by Peachtree Center Chiropractic & Rehab for its own use/disclosure of PHI. (*Minimum necessary standards apply*)

You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, Peachtree Center Chiropractic & Rehab will not refuse to provide treatment.

You have the right to inspect or copy the PHI to be used/disclosed.

A COPY OF THE SIGNED AUTHORIZATION WILL BE PROVIDED TO YOU

PRINT NAME OF PATIENT: _____

SIGNATURE OF PATIENT: _____

DATE SIGNED: _____