Gordon D. Elder, DC, PA dba Blair Chiropractic Clinic

Request to Terminate/Update PHI Use & Disclosure Authorization

I ____ hereby consent to **terminate** authorized use and disclosure of protected health information of my individually identifiable health information to the following individuals listed below:

1. Name ____________________________________ Relationship to Patient_____________________________

2. Name ____________________________________ Relationship to Patient_____________________________

I acknowledge that I will receive a response within **ten days** from the date of this request. In the meantime, my PHI will continue to be authorized to the individuals listed on my initial PHI Use and Disclosure Authorization.

Signature ____ Date _________________________________

I hereby request authorization for to disclose my individually identifiable health information to the individuals listed below:

1. Name ____ Relationship to Patient__________________

Authorization to:

- ❑ Disclose treatment plans and test results
- ❑ Billing information including statement balances
- ❑ Past and future Appointments
- ❑ Receive phone messages and/or email regarding appointments or test results
- ❑ Other

____

2. Name ____ Relationship to Patient __________________

Authorization to:

- ❑ Disclose treatment plans and test results
- ❑ Billing information including statement balances
- ❑ Past and Future Appointments
- ❑ Receive Phone Messages or email regarding appointments or test results
- ❑ Other

____

This authorization is effective through (check one):

- ❑ ____ /____ /____
- ❑ <u>**NO EXPIRATION**</u> unless revoked or terminated by the patient or the patient's personal representative

I understand that I may revoke this authorization to disclose information at any time by notifying the named clinic in writing (*Termination of Disclosure Form* provided upon request). If I choose to do so, I am aware that my revocation will not affect any actions taken by the clinic until the termination request is received in writing and response is sent.

Authorization Signature: ____ Date: __________________________

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