

**Judith Boothby MS DC PC
Third Way Chiropractic
503-233-0943**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize **Dr. Judith Boothby, DC** to disclose my protected health information as described below. I understand that this authorization is voluntary. I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. I understand that I may see and copy the information described on this form if I ask for it, and that I will receive a copy of this form after I sign it. I understand that I may revoke this authorization at any time by giving notice in writing at the address found above, but if I do it will not affect any actions taken before receipt of my revocation.

I understand that my treatment will not be conditioned on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

Patient name: _____ **Date of birth:** _____

Persons/organizations to receive the information: _____

The specific information to be released/disclosed is specified below:

<input type="checkbox"/> Medical Record	<input type="checkbox"/> X-rays
<input type="checkbox"/> Billing/Claim Records	<input type="checkbox"/> (Other – specify) _____

This authorization will expire on _____ (state date or event).

SPECIFIC AUTHORIZATION

I understand that my health information to be released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse.

Signature of patient or patient's representative <i>(Form MUST be completed before signing.)</i>	Date
Printed name of patient's representative (if applicable): _____	
Relationship to the patient (if applicable): _____	