

Hefner Chiropractic, PLLC  
2236 W Hefner Rd, Suite B  
Oklahoma City, OK 73120  
405-418-6418

### ***Patient Authorization***

#### **Standard Authorization of Use and Disclosure of Protected Health Information**

#### **Information to Be Used or Disclosed**

The information covered by this authorization includes:

***ALL RECORDS***

#### **Persons Authorized to Use or Disclose Information (doctor, family member, etc)**

Information listed above will be used or disclosed by:

\_\_\_\_\_  
Name of Person and/or Organization

\_\_\_\_\_  
Name of Person and/or Organization

#### **Expiration Date of Authorization**

This authorization is effective through 12/31/2027 unless revoked or terminated by the patient or patient's personal representative.

### ***Patient Rights***

#### **Right to Terminate or Revoke Authorization**

You may revoke or terminate this authorization by submitting a written revocation to this office and contact the Privacy Officer.

#### **Potential for Re-disclosure**

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

I understand this office will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure.

***If you understand and agree with all of the above policies, please sign your name below.***

\_\_\_\_\_  
Patient or Legally Authorized Individual Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Full Name

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date