

# HIPAA Form

## Seattle Astrology Authorization for Use or Disclosure of Information for Purposes Requested by Chiropractor (3/03)

In this document, "I" and "my" refer to the patient,  
and "Chiropractor" refers to Steve Shroyer.

I hereby authorize Chiropractor to (check those that apply):  
\_\_\_\_\_ use the following protected health information, and/or  
\_\_\_\_\_ disclose the following protected health information to the following entity:

Information to be used or disclosed:

Date of service: \_\_\_\_\_  
Type of service: \_\_\_\_\_  
Level of detail to be released: \_\_\_\_\_  
Origin of information: \_\_\_\_\_  
This protected health information is being used or disclosed for the following purposes:

\_\_\_\_\_ This authorization shall be in force and effect until \_\_\_\_\_,  
at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Privacy Officer of the Chiropractor, at [insert office address of Chiropractor]. I understand that a revocation is not effective to the extent that Chiropractor has relied on the use or disclosure of the protected health information. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Chiropractor will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights) and/or to refuse to sign this authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Description of Personal Representative's Authority