

# Health Care Information Authorization

The following office procedures allow Queen City Chiropractic to operate in an efficient manner, and allows us to support our patients with their care. By signing below, you are authorizing the practice to follow through with these procedures. Should you desire something not be done, place a line through anything you refuse and provide your initials.

- We may need to contact you by telephone, text, or email regarding appointments and other matters relating to our care.
- We may need to leave a message on an answering machine that may be shared by a spouse or living partner relating to our care.
- We may need to coordinate care with specialists and primary care providers. This authorization allows us to share health records with your medical care team.
- We acknowledge and thank everyone who refers family and friends to our practice, and would like to directly thank the person who referred you using your name.
- We hold occasional promotions for referrals. We would like to advertise winners on our social media and/or office bulletin board.
- We take and post photos of our patients in the office for newsletters and social media campaigns. We will always obtain your direct consent prior to obtaining photographs.

You have the right to refuse any part of this authorization without affecting any aspect of your care or relationship with Queen City Chiropractic.

You may revoke this authorization at any time. Revocation is accomplished via a verbal or written request submitted to the office manager or your handling clinician.

Your signature indicates your authorization of these activities. This notice is effective of the date below and expires five years from the date you last received care from this office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_