



# Better Health Chiropractic

**6166 West Gulf to Lake Highway • Crystal River, Florida 34429 • (352) 795-8911**  
**2524 Burnsed Boulevard • The Villages, Florida 32163 • (352) 750-6325**

## Authorization for Release of Protected Health Information

As required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996, this practice may not use or disclose your health information without your authorization.

Your signature on this form indicates that you are giving permission for the use and disclosures described herein. You may revoke this authorization at any time by signing and dating the revocation section.

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

### AUTHORIZATION SECTION:

I, hereby authorize the use and disclosure of the following health information that pertains to me:

\_\_\_\_\_ Medical Records \_\_\_\_\_ X-Ray Reports \_\_\_\_\_ Other:

\_\_\_\_\_

Signature of Patient/Legal Guardian

Date

Please Fax or Mail records to:

Better Health Chiropractic  
6166 W Gulf to Lake Hwy  
Crystal River, FL 34429  
Fax: 352-795-8911

I hereby revoke this authorization: \_\_\_\_\_

Signature

Date