



Accident Relief Chiropractic

Dr. William Ledbetter, III, B.S., D.C.

2376 Lavon Dr, Ste 134 | Garland, TX 75040
214-703-9800 | Fax 214-703-8001

Standard Authorization of Use and Disclosure of Protected Health Information

Information to be Used or Disclosed

The information covered by this authorization includes:

Phone communication at home, workplace or cellular

Written communication by mail, fax, or e-mail

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Dr. W.H. Ledbetter, III, B.S., D.C., Tracey J. Ledbetter, and any employee of Accident Relief Chiropractic

Expiration Date of Authorization

This authorization is effective through **March 31, 2025** unless revoked or terminated by the patient or the patient's personal representative.

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.

The use or disclosure requested under this authorization **will will not** result in direct or indirect remuneration to this office.

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

I have read the above and hereby authorize **Accident Relief Chiropractic** to use my protected information for the listed reasons.

Signature

Name of Patient (Print)

Signature of Patient

Date

Signature of Patient Representative

Date

Relationship of Patient Representative to Patient

Privacy Officer

Date