

**South Riding Family Chiropractic Center**  
4229 Lafayette Center Drive  
Suite 1900  
Chantilly, VA 20151  
(703) 327-9773

**HEALTH CARE AUTHORIZATION FORM**

Patient's Name \_\_\_\_\_

Patients SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

THE PATIENT IDENTIFIED ABOVE AUTHORIZES **SOUTH RIDING FAMILY CHIROPRACTIC CENTER** TO USE AND OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

**SPECIFIC AUTHORIZATIONS**

- I give permission to **South Riding Family Chiropractic Center** to use my address, phone number and clinical records to contact me with birthday cards, related reminder cards, and information about treatment alternatives or other health related information.
  
- I give permission to **South Riding Family Chiropractic Center** to place my name on the referral thank you board and/or place my child's picture on the well adjusted kids wall.
  
- By signing this form you are giving South Riding Family Chiropractic Center permission to use and disclose your protected health information in accordance with the directives listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (or parent if a minor)

\_\_\_\_\_  
Date