

## RIGHT TO REVOKE AUTHORIZATION

You have the right to revoke this AUTHORIZATION, in writing, at any time. However, your written request to revoke this AUTHORIZATION is not effective to the extent that we have provided services or taken action in reliance on your authorization.

You may revoke this AUTHORIZATION by mailing or hand delivering a written notice to the Privacy Official of **South Riding Family Chiropractic Center**. The written notice must contain the following information:

Your name, social security number and date of birth;  
A clear statement of your intent to revoke this AUTHORIZATION;  
the date of your request; and your signature.

The revocation is not effective until it is received by the Privacy Official.

This AUTHORIZATION is requested by **South Riding Family Chiropractic Center** for its own use/disclosure of PHI.

*(Minimum necessary standards apply.)*

You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, **South Riding Family Chiropractic Center** will not refuse to provide treatment.

You have the right to inspect or copy the PHI to be used/disclosed.

- A COPY OF THE SIGNED AUTHORIZATION WILL BE PROVIDED TO YOU

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Print Name

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Signature (or parent if a minor)

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Date