

**IMBROGNO CHIROPORACTIC CENTER, P.A.**

**PROTECTED HEALTH INFORMATION (PHI) USES AND DISCLOSURES WHICH REQUIRE AUTHORIZATION**

**APPOINTMENT REMINDERS**

As a courtesy to our patients, you may receive reminder calls about upcoming appointments, or follow up calls to check on condition status.

I may be contacted at home:  yes  no  
I may be contacted at work:  yes  no  
I may be contacted on cell phone:  yes  no  
If I am personally unavailable, a message may be left for me:  yes  no

**MAILING INFORMATION**

Our office may mail you information regarding your account status or billing information.

I authorize receipt of information about my health care/account status/billing info by mail:  yes  no

Mail information to my home address:  yes  no\*

\*If no, mail information to: \_\_\_\_\_

**OCCASION CARDS**

Are we permitted to send you special occasion cards?  yes  no

**E-MAIL**

May we send you e-mail pertaining to appointment reminders, special announcements, newsletters, office events, and birthday and general holiday occasions?  yes  no

e-mail address: \_\_\_\_\_ \*

\*Note: Your email address will not be shared with any other party.

Your signature indicates your authorization of all information above and that I have reviewed the Privacy Practice Notice from Imbrogno Chiropractic Center, P.A. I may have a copy of this notice upon my request.

\_\_\_\_\_  
Name (printed) Signature Date

If you are a minor, or if you are being represented by another party:

\_\_\_\_\_  
Personal Representative (Printed) Personal Representative Signature Date

You may revoke this authorization at any time by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable time for the change in our procedures to be completed.

Revised January 1, 2011