



**Dr. Mike Mathes**  
**Dr. Melissa Mathes**

## HEALTH CARE AUTHORIZATION FORM

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

THE PATIENT IDENTIFIED ABOVE AUTHORIZES MATHES FAMILY CHIROPRACTIC, P.C. TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

### SPECIFIC AUTHORIZATIONS

I give permission to Mathes Family Chiropractic, P.C., its employees and agents to:

use my address, phone numbers, email and/or clinical records to contact me with appointment reminders, missed visit appointment notification, birthday cards, holiday related cards, newsletters and/or information regarding treatment alternatives and/or other health related information,

contact me by phone when necessary and to leave a phone message on my answering machine, voice mail and/or with the person who answers the phone,

provide care in an open room environment where other patients are also receiving care. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak with the Doctor at any time in private, the doctor will provide a room for these conversations,

use "travel cards" (notes regarding my care) containing private health information during the course of my chiropractic care,

use a family sign in sheet as a record of my visit to the office,

give reports of findings within group settings with the understanding that private health information will not be disclosed during these group reports,

use my name on the "welcome" and "referral" boards posted in the office,

and to display my name and/or picture in the office as part of the Patient of the month, sweetheart luncheons, testimonials and patient appreciation days.

By signing this form you are giving Mathes Family Chiropractic, P.C. permission to use and disclose your protected health information in accordance with the directives listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If patient is a minor: Signature of legal parent or legal guardian \_\_\_\_\_

Effective March 15, 2006 and until further notice

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Mathes Family Chiropractic, P.C.  
9129 Dickey Drive Mechanicsville, Virginia 23116  
(804) 746-5700 fax 746-0500