BOULEVARD CHIROPRACTIC
&
WELLNESS CENTER

DR. DANIEL W. SCARINGE

PATIENT PERSONAL HEALTH INFORMATION MEDICAL RELEASE AUTHORIZATION FORM

I, _____, hereby authorize Boulevard Chiropractic & Wellness Center, LLC ("the Practice") to contact me by phone for the purpose of appointment reminders, rescheduling, and information about my treatment or other health information in regards to my treatment. I also understand that there may be times that it will be necessary for the Practice to leave me messages on my answering machine or with a member of my family.

I understand that this authorization is valid unless revoked in writing by me. I understand that I may revoke this authorization at any time, but such revocation must be in writing to be effective. I also understand that the revocation of this authorization will not have any effect on disclosures occurring prior to the execution of any revocation.

I expressly acknowledge that this authorization is voluntary.

The following are other criteria or limitations that I am making regarding this authorization: _____
_____

I understand that the Practice will not receive financial or in-kind compensation, other than as allowed by state laws, in exchange for using or disclosing the health information described above.

I understand that the information used or disclosed pursuant to this authorization may be subject to being disclosed again by the recipient and that this information will no longer be protected by federal privacy regulations.

I understand that I may see and copy the information described in this form if I request it, and that I will receive a copy of this form after I sign it if I request it.

I acknowledge and agree that this form was completely filled in before I signed it. I certify that all of my questions were answered to my satisfaction and that I understand this authorization form and all of its contents.

This authorization is valid as of the date I have signed below.

_____ _____
Printed Name Signature of Individual

_____ _____
Signature of Legal Representative Relationship
(e.g. Parent of Minor or Attorney-in-fact)