Bay City Chiropractic Center
Dr. David O. Krenek, D.C.
1401 Avenue G
Bay City, Texas 77414

979-245-6844

Patient Authorization

Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed
The information covered by this authorization includes:

CHIROPRACTIC

Persons Authorized to Use or Disclose Information
Information listed above will be used or disclosed by:

Dr. David Krenek, D.C.
Name of Person Organization

Name of Person Organization

Expiration Date of Authorization
This authorization is effective through 12-31-2023 unless revoked or terminated by the patient or patient's personal representative.

Patient Rights

Right to Terminate or Revoke Authorization
You may revoke or terminate this authorization by submitting a written revocation to this office and contact the Privacy Officer.

Potential for Re-disclosure
Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

I understand this office will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure.

If you understand and agree with all of the above policies, please sign your name below.

Patient or Legally Authorized Individual Signature — Date

Print Patient's Full Name — Time

Witness Signature — Date