Atlas Specific Chiropractic
Health from the Top of Your Spine

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Newport News, VA 23608
Phone (757) 283-6929
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Authorization for Verbal Disclosure of Health Information

This authorization allows for verbal communication between Atlas Specific Chiropractic Clinic (ASCC) and the designated person(s) on this form.

It does not allow for copies of medical records to be released.

I give permission to ASCC to verbally discuss, in person or by telephone, my medical treatment and payment with the following person(s) listed below.

List Name of person(s) who you give permission to discuss your medical condition:

Print Name	Phone Number	Relationship to Patient
Print Name	Phone Number	Relationship to Patient

I agree to the terms of this agreement:

Print Patient's Name	Date

Patient's or Responsible Person Signature	Relationship to Patient

Expiration:
This authorization will expire (choose one):

- ☐ On _____/_____/_____
- ☐ Upon the expiration of the following event: _____
- ☐ Never

Revocation:
I may revoke this authorization at any time, in writing, or by updating this form with ASCC. Your written revocation will not affect any communication of your medical information that ASCC has already made, in reliance on this authorization, before the time of you revoke it.

No obligation to sign:
You are not under any obligation to sign this form. ASCC may not refuse to provide you treatment or other health care services if you refuse to sign this form.