HAN ZARYK CHIROPRACTIC NEUROLOGY GROUP

HIPAA Privacy Release

In keeping with the HIPAA privacy regulations, your information is kept in the strictest confidence. However, we acknowledge there are certain circumstances which you would like to authorize release of information to specific individuals.

Please list the names of anyone you would like to have access to your information such as a spouse, parent, child or any other person. Also indicate what information is able to be accessed.

This authorization can be rescinded at any time with written notice.

Name	Appointment Schedule	Finances + Balance	Treatment + Diagnosis
_____	Yes No	Yes No	Yes No
_____	Yes No	Yes No	Yes No
_____	Yes No	Yes No	Yes No
_____	Yes No	Yes No	Yes No

_____ _____

Signature Date