Jonathan Donath, D.C.
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White Plains, NY 10605
914-421-1500

Authorization for Disclosure of Protected Health Information

We are required by law to maintain the privacy of your health information.

By signing below, I authorize the doctor identified above to disclose protected health information (PHI) to my insurance company representative. The information may be used and/or disclosed for the purpose of seeking insurance reimbursement from a third party payer.

When necessary, PHI may also be disclosed to another health care provider participating in the management of my case.

If applicable, PHI may also be disclosed to my personal trainer/exercise specialist.

I understand that once the information is released it may be re-disclosed by the recipient and may no longer be protected by federal privacy guidelines.

I understand that I may revoke or restrict this authorization at any time by notifying, in writing, the above named doctor. However, a revocation or restriction will not affect any actions taken by the above named doctor prior to their receipt of revocation or restriction.

Your chiropractor and members of the practice staff may need to use your name, address, or phone number to contact you with appointment reminders, information about treatment alternatives, or other health related information. By signing this form, you are giving us the authorization to contact you.

You may request a paper copy of this notice at any time.

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Signature of patient, parent, or guardian date

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Printed name of patient, parent or guardian