



## Authorization of Disclosure of Protected Health Information by another Covered Entity for Use by AKM Chiro-Rehab Center, LLC

### Information to Be Used or Disclosed

Information to be obtained under this authorization includes: Medical records

### Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

- Third party billing and/or collection services
- Transcription services
- Interpreters for translation

### Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Legal representatives of AKM Chiro-Rehab Center, LLC

### Persons to Whom Information may be Disclosed

Information described above may be disclosed to:

Legal representatives of AKM Chiro-Rehab Center, LLC and their associates

### Expiration Date of Authorization

This authorization unless revoked or terminated by the patient or the patients' personal representative.

### Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to AKM Chiro-Rehab Center LLC. You should contact the Privacy Officer to terminate this authorization.

### Potential for Re-disclosure

Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations.

### Rights of the Individual

- You may inspect or request a copy of information that is used or disclosed under this authorization.
- You may refuse to sign this authorization.

\_\_\_\_\_  
Name of Patient (Print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient/Parent/Guardian Signature)