

**South Riding Acupuncture, LLC**  
4080 Lafayette Center Drive  
Suite 320  
Chantilly, VA 20151  
(703)263-2142

**HEALTH CARE AUTHORIZATION FORM**

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

THE PATIENT IDENTIFIED ABOVE AUTHORIZES **SOUTH RIDING ACUPUNCTURE** TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

**SPECIFIC AUTHORIZATIONS**

Yes/ No      I give permission to **South Riding Acupuncture** to use my address, phone number and clinical records to contact me with birthday cards, related reminder cards, and information about treatment alternatives or other health related information.

By signing this form you are giving **South Riding Acupuncture** permission to use and disclose your protected health information in accordance with the directives listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (or parent if a minor)

\_\_\_\_\_  
Date