Dr. MarcAndré Bock, Chiropractor • Psychologist • Consultant
8201 Newman Avenue, Suite 102
Huntington Beach, California 92647-7043

PATIENT AUTHORIZATION TO RELEASE INFORMATION
HIPAA Compliant

I _____ hereby authorize Dr. Marc Bock and _____ to communicate with each other, _____ confidential information regarding my condition and treatment for evaluation and review of my health.

This release is in effect until _____ and can be revoked by me at any time.

I understand that I have the right not to authorize this disclosure.

_____	_____	_____
Date	Patient Signature	Patient's Representative

_____	_____
Date	Witness Signature

release of information