Dr. MarcAndré Bock, Chiropractor • Psychologist • Consultant
8201 Newman Avenue, Suite 102
Huntington Beach, California 92647-7043 DC 11553
714 .847.5350 www.marcbock.com PSY 13409

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	