

Manuel E. Valle, DC, ART
In Motion Sports & Family Chiropractic
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Consent to the Use and Disclosure of Health Information

Name _____ DOB _____ SS# _____

I understand that as part of my healthcare, In Motion Sports and Family Chiropractic originates and maintains health records describing my health history, examination and test results, diagnosis, treatment, and any plans for future care or treatment.

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected information is followed.

Signed Authorization

Medical information can be discussed with:

- Patient Only
- Family member(s): *List name(s) and relationship below*

- Friend: _____
- Other: _____

Signature of Patient or Legal Representative

Date