Swarthout Chiropractic

Patient Authorization for Contact Regarding Chiropractic Care, Appointment Reminders, Related Health Services and/or Related Health Products

It is our desire for our staff to use your name, address, email and/or telephone number for the purpose of contacting you to remind you of appointments, inquire about your health status, and/or advise you about health-related information and/or services.

The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care.

If you choose not to authorize this information, your decision will have no adverse effect on your care from Swarthout Chiropractic or on your relationship with our staff.

Your signature indicates your authorization of this activity.

_____	_____	_____
Name	Signature	Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system to be completed.

Swarthout Chiropractic
Scott A. Swarthout, D.C.
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