



Littleton Chiropractic Clinic, LLC

Dr. Melaney Y. Littleton, D.C.
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Phone: (314) 997- 4460 Fax: (314) 997-2306

Authorization For Medical
And/Or
Hospital Information Under HIPAA

TO: _____

ATTN: Medical Records, X Rays and X-Ray Reports

RE: _____

DOA: _____

DOB: _____

This is to authorize any physician, hospital, medical attendant or others to furnish Dr. Melaney Y. Littleton or its authorized agent, any and all information or opinions which which may request regarding the physical condition and treatment of the above named patient and allow them to see, copy or photograph any reports or records pertaining to the physical condition or treatment of the above named patient including information concerning their present condition. I hereby waive any privilege I have to said information.

This authorization expires one year from the date signed.

A photocopy of this instrument is to be as binding and forceful as the original.

Date: _____

Patient Signature: _____

Dr. Melaney Y. Littleton