



## Littleton Chiropractic Clinic, LLC

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Suite LL10

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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: \_\_\_\_\_

Date of service: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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 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: \_\_\_\_\_