

## **Patient Health Information Consent Form**

We want you to know your Patient Health Information Consent Form (PHI) is going to be used in this office and your rights concerning those records. Before we will begin any healthcare operations we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account on our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPPA NOTICE that is available at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their PHI for the purpose of treatment, payment, healthcare operations and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to use by the patient for the purpose of payment. Be assured that this office will limit the release of the entire PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his\her own health records at anytime and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is obligated to agree to those restrictions only to the extent they coincide with state and federal law.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
5. Our office may contact you periodically regarding appointments, treatments, products, services or charitable work performed by our office. You may choose to opt-out of any marketing or fundraising communications at any time.
6. For your security and right privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those to assure that your records are not readily available to those who do not need them.
7. Patients have the right to file a formal complaint with our privacy official and Secretary of HHS about any possible violations of these policies and procedure without retaliation by this office.
8. Our office reserves the right to make changes to this notice and to make the new notice provisions effective for all protected health information that it maintains. You will be provided with a new notice at your next visit following any change.
9. This notice is effective on the date stated below.
10. If the patient refuses to sign this consent for the purpose of treatment, payment and healthcare operations, the Chiropractic Physician has the right to refuse to give care.

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Printed Name of Patient

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Date

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Signature of Patient/Legal Guardian