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Patient Health Information Consent Form

We want you to know your Patient Health Information (PHI) is going to be used in this office and your right concerning those records. Before we begin any treatment, we must require you to read and sign this consent form stating you understand and agree how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your PHI, we encourage you to read the HIPPA notice 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 us by the patient for the purpose of payment. Be assured this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.

2. The patient has the right to examine and obtain copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions in the use of the PHI. Our office is not obligated to agree with those restrictions.

3. A patient's written consent need only be obtained one time for all subsequent care given the patient at this office.

4. The patient may provide a written request to revoke consent at any time during care. This would not effect the use of those records for the care given prior to the written request to revoke consent and would apply to any care given after the request has been presented.

5. For your security and right to privacy, all staff ahs been trained in the area of patient record privacy, and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records remain confidential.

6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.

7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the chiropractic physician ahs the right to refuse to give care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Print name

date

Signature