

Consent for Purposes of Treatment, Payment and Healthcare Operations

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I consent to the use or disclosure of my protected health information by Springfield Chiropractic, for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Springfield Chiropractic. I understand that David Alati, D. C. may refuse to diagnose or treatment me. If I do not consent to the use or disclosure of my protected health information for the above stated purposes. (My signature on this document is evidence of this consent).

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Springfield Chiropractic, is not required to agree to the restrictions that I may request. However, if Springfield Chiropractic, agrees to a restriction that I request, the restriction is binding on Springfield Chiropractic, and David Alati, D.C.

I understand I have a right to review Springfield Chiropractic, Notice of Privacy Practices prior to signing this document. Springfield Chiropractic, Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Springfield Chiropractic. The Notice of Privacy Practices for Springfield Chiropractic, is also provided on request at the main administration desk of this practice. This Notice of Privacy Practices also describes my rights and Springfield Chiropractic, duties with respect to my protected health information.

Springfield Chiropractic, reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

I have the right to revoke this consent, in writing, at any time, except to the extent that Springfield Chiropractic, or David Alati, D. C. has taken action in reliance on this consent.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority