



Consent for Purposes of Treatment, Payment and Healthcare Operations

In this document "I", "me" and "my" refer to the patient and "Chiropractor" refers to Williams Chiropractic

I consent to the use or disclosure of my Protected Health Information by Chiropractor for the purpose of analyzing, diagnosing, or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Chiropractor. I understand that analysis, diagnosis, or treatment of me by Chiropractor may be conditioned upon my consent as evidenced by my signature below.

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 Chiropractor. Chiropractor is not required to agree to the restrictions that I may request; however, if Chiropractor agrees to a restriction that I request, the restriction is binding on Chiropractor, I have the right to revoke this consent, in writing, at any time, except to the extent Chiropractor has taken action in reliance on this Consent.

My Protected Health Information means health information including demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer, or a health care clearinghouse. 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 have been provided with a copy of the Notice of Privacy Practices of Chiropractor and understand that I have a right to a copy of the Notice of Privacy Practices prior to signing this Consent. 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 Chiropractor. The Notice of Privacy Practices for Chiropractor is also posted in the waiting room [13900 W. Wainwright Dr. Boise, ID]. This Notice of Privacy Practices also describes my right and duties of the Chiropractor with respect to my Protected Health Information.

Chiropractor 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 of Chiropractor and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Printed Name

Personal Representative's Authority

13900 W. Wainwright Dr. • Boise, ID 83713

208.344.1851 or 208.888.2278