

HIPAA

PATIENT CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care options.

As our patient, we want you to know that we respect the privacy of your personal medical information and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum information necessary to only those entities we feel are in need of your records for your benefit and the enhancement of your care. Such entities may include referring physicians, imaging centers, laboratories, or other providers we may need to refer you to. It may also be necessary to disclose limited information to medical payment entities such as insurance companies to expedite authorization for treatment or payment.

With this consent, *Thacker Chiropractic Clinic* may call my home or other alternative locations and leave messages on voice mail or in person in reference to any items that assist the practice in carrying out appointment reminders, insurance items and any calls pertaining to my clinical care.

You may refuse to consent to use or disclosure of your personal information, but this must be in writing. Under law, we have the right to refuse to treat you should you choose to refuse disclosure of your Personal Health Information (PHI) as described above. If you choose to give consent to this document, at some future time you may request to refuse disclosure of all or part of your (PHI). You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer.

You have the future right to review our privacy notice and to request restrictions and revoke consent in writing after you have reviewed it.

Printed Name: _____

Signature: _____

Date: _____