

## Practice Member Health Information Consent Form

We want you to know how your Practice Member Health Information (PMHI) is going to be used in this office and your rights concerning those records. Before we will begin any health care 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 of our policies and procedures concerning the privacy of your Practice Member Health Information we encourage you to read the HIPPA NOTICE that is available to you at the front desk before signing this consent.

1. The practice member understands and agrees to allow this Chiropractic office to use their Practice Member Health Information for the purpose of care, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this Chiropractic office to submit requested PMHI to the Health Insurance Company (or companies) provided to us by the practice member for the purpose of payment. Be assured that this office will limit the release of all PMHI to the minimum needed for what the insurance companies require for payment.
2. The practice member has the right to examine and obtain a 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 on the use of their PMHI. Our office is not obligated to agree to those restrictions.
3. A practice member's written consent need only be obtained one time for all subsequent care given to the practice member in this office.
4. The practice member 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 after the request has been presented.
5. For the security and right to privacy, all staff has been trained in the area of practice member 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 are not readily available to those who do not need them.
6. Practice members have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the practice member refuses to sign this consent for the purpose of care, payment and healthcare operations, the chiropractor has the right to refuse to give care.

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

---

Name of Practice Member

Date