

# Patient Health Information Consent Form

We want you to know how your Patient Health Information (PHI) 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 Patient Health Information, we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent form.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, health care operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to Health Insurance Company (or companies) for the purposes of securing payments. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient understands and agrees to allow this chiropractic office to share their PHI with other doctors, clinics, or hospitals as is necessary. This may include third-party PHI, such as diagnostic imaging reports.
3. The patient has the right to examine and obtain a copy of his or her own health records at any time and may request corrections of such. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
4. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
5. A 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 but would apply to any care given after the request has been presented.
6. For your security and right to privacy, all staff has been trained in the area of patient records 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.
7. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.

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

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_