

## **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 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 CAROLINA CHIROPRACTIC AND WELLNESS for the purpose of diagnosing or providing me treatment, obtaining payment for my health care bills or to conduct health care operations of CAROLINA CHIROPRACTIC AND WELLNESS. I understand that Dr. Greenfield, Dr. Ward, Brian Kramer, L.Ac., and Andre Tse, L.Ac. may refuse to diagnose or treat me, if I do not consent to the disclosure of my protected health information for the purposes stated above. (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 practice. CAROLINA CHIROPRACTIC AND WELLNESS is not required to agree to the restrictions that I may request. However, if CAROLINA CHIROPRACTIC AND WELLNESS agrees to a restriction that I request, the restriction is binding on CAROLINA CHIROPRACTIC AND WELLNESS, Dr. Greenfield, Dr. Ward, Brian Kramer, L.Ac. And Andre Tse, L.Ac.

I understand that I have a right to review CAROLINA CHIROPRACTIC AND WELLNESS’ Notice of Privacy Practices prior to signing this document. CAROLINA CHIROPRACTIC AND WELLNESS’ 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 CAROLINA CHIROPRACTIC AND WELLNESS. The Notice of Privacy Practices is also provided on request at the main administrative desk of this practice. Notice of Privacy Practices also describes my rights and CAROLINA CHIROPRACTIC AND WELLNESS’ duties with respect to my protected health information.

CAROLINA CHIROPRACTIC AND WELLNESS 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 CAROLINA CHIROPRACTIC AND WELLNESS’ 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 CAROLINA CHIROPRACTIC AND WELLNESS, Dr. Greenfield, Dr. Ward, Brian Kramer, L.Ac, and Andre Tse, L.Ac. have taken action in reliance on this consent.

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Signature of Patient or Personal Representative

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Date

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Name of Patient or Personal Representative

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Description of Personal Representative’s Authority