

Consent for Purposes of Treatment, Payment & Healthcare Operations HIPPA Notice

I consent to the use or disclosure of my protected health information by Tieszen Chiropractic 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 Tieszen Chiropractic. I understand that analysis, diagnosis or treatment of me by Tieszen Chiropractic 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 practice. If I request a restriction, Tieszen Chiropractic may or may not agree to a restriction that I request, the restriction is binding on Tieszen Chiropractic. I have the right to revoke this consent, in writing, at any time, except to the extent that Tieszen Chiropractic has taken action in reliance on this Consent.

My "protected health information" means health information, including my 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.

The privacy practices of Tieszen Chiropractic are as follows; our patients' documents will not be released outside of our office without express agreement from the patient. The documents that can be released with permission from the patient are for purposes of treatment and billing compliance with an insurance company. Any request for the release of records must be signed in witness of a Tieszen Chiropractic employee. Each employee at Tieszen Chiropractic is informed on HIPAA laws and regulations.

Tieszen Chiropractic reserves the right to change the privacy practices that are described above. I may obtain a revised notice of privacy practices by calling the office of Tieszen Chiropractic and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient

Date of Signing