

TOTAL LIFE CHIROPRACTIC

PATIENT CONSENT

FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.

_____, hereby states that by signing this Consent, I acknowledge and agree as follows:

- 1) Total Life Clinic's (TLC) Privacy Notice has been provided to me prior to my signing this Consent. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information. ("PHI") necessary for the practice to provide treatment to me, and also necessary for TLC to obtain payment for that treatment and to carry out his health care operations. TLC explained to me that the Privacy Notice will be available to me in the future at my request. TLC has further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent, and has encouraged me to read the Privacy Notice carefully prior to my signing this Consent.
- 2) TLC reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with applicable law.
- 3) I understand that, and consent to, the following appointment reminders that will be used by TLC: a) a postcard mailed to me at the address provided by me; and b) telephoning my home and leaving a message on my answering machine or with the individual answering the phone.
- 4) TLC may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for TLC to treat me and obtain payment for that treatment, and as necessary for TLC to conduct its specific health care operations.
- 5) I understand that I have a right to request that TLC restricts how my PHI is used and/or disclosed to carry out treatment, payment and or health care operations. However, TLC is not required to agree to any restrictions that I have requested. If TLC agrees to a requested restriction, then the restriction is binding on TLC.
- 6) I understand that this consent is valid for seven years. I further understand that I have the right to revoke this consent, in writing, at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that TLC has already taken action in reliance on the consent.
- 7) I understand that if I revoke this consent at any time, TLC has the right to refuse to treat me.
- 8) I understand that if I do not sign this consent evidencing my consent to the uses and disclosures described to me above and contained in the Privacy Notice, then TLC will not treat me.

I HAVE READ AND UNDERSTAND THE FOREGOING NOTICE, AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY FULL SATISFACTION IN A WAY THAT I CAN UNDERSTAND.

Name of Individual (Printed)

Signature of Individual

Date

Witness

Date