

# KRUEGER FAMILY CHIROPRACTIC

## Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Krueger Family 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 Krueger Family Chiropractic. I understand that analysis, diagnosis or treatment of me by Krueger Family 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. Krueger Family Chiropractic is not required to agree to the restrictions that I may request. However, if Krueger Family Chiropractic agrees to a restriction that I request, the restriction is binding on Krueger Family Chiropractic.

I have the right to revoke this consent in writing, at any time, except to the extent that Krueger Family 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, 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.

I have a right to review the Notice of Privacy Practices of Krueger Family Chiropractic prior to signing this document. 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 Krueger Family Chiropractic. I agree to everything listed in the Additions section of the Notice of Privacy Practices. I agree to be contacted from time to time to be provided with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to me. I authorize Krueger Family Chiropractic to mail appointment reminders, newsletters, announcements or greeting cards to my home. I am aware that I may contact Krueger Family Chiropractic's privacy officer to request these materials not be sent to me. The Notice of Privacy Practices for Krueger Family Chiropractic is also posted in the waiting room at Krueger Family Chiropractic. This Notice of Privacy Practices also describes the rights and duties of Krueger Family Chiropractic with respect to my protected health information.

Krueger Family Chiropractic 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 the office of Krueger Family 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 or Personal Representative

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Description of Personal Rep's Authority