

Greater Portland Chiropractic Patient Consent Form

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. Greater Portland Chiropractic's (GPC) 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 GPC to provide treatment to me, and also necessary for GPC to obtain payment for that treatment and to carry out its health care operations. GPC explained to me that the Privacy Notice will be available to me in the future at my request. GPC 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. GPC 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 GPC: 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; c) telephoning my place of employment if the prior methods are not available or in case of an emergency. GPC may also send birthday or other special occasion cards to my home.
4. GPC may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for GPC to treat me and obtain payment for that treatment, and as necessary for GPC to conduct its specific health care operations.
5. I understand that I have a right to request that GPC restrict how my PHI is used and/or disclosed to carry out treatment, payment and/or health care operations. However, GPC is not required to agree to any restrictions that I have requested. If GPC agrees to a requested restriction, then the restriction is binding on GPC.
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 GPC has already taken action in reliance on this consent.
7. I understand that if I revoke this consent at any time, GPC 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 GPC may choose to 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.

Patient/Guardian Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____