

At Back To Life Chiropractic Center we are committed to protecting the privacy of personal health information. Federal guidelines have been developed to protect this information. Please read the terms below and sign at the bottom as acceptance and understanding of this consent.

I understand that as part of my healthcare, Back To Life Chiropractic Center originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care,
- A means of communication among the many healthcare professionals who contribute to my care,
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as accessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a **Notice of Information Practices** that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations.

I understand that Back To Life Chiropractic Center is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Back To Life Chiropractic Center has already taken action thereon. I also understand that by refusing to sign this consent, Back To Life Chiropractic Center may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Back To Life Chiropractic Center reserves the right to change their notice and practices, in accordance with Section 164.520 of the Code of Federal Regulations. Should Back To Life Chiropractic Center change their notice, they will send a copy of and revisions to said notice to the address I have provided via U.S. Mail.

I wish to have the following restrictions to the use or disclosure of my health information:

I understand that as part of this organization's treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

I fully understand and accept the terms of this consent.

Print Patient/Guardian Name

Patient/Guardian Signature and Date