

Mats Mats Chiropractic Clinic

Consent for Purposes of Treatment, Payment, and Health Care Operations

I consent to use or disclosure of my protected health information by Mats Mats Chiropractic Clinic for the purposes of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Mats Mats Chiropractic Clinic.

I understand that diagnosis or treatment of me by Mats Mats Chiropractic Clinic may be conditioned upon my consent as evidenced by my signature on this document.

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 health care operations of the practice. Mats Mats Chiropractic Clinic is not required to agree to the restrictions that I may request. However, if Mats Mats Chiropractic Clinic agrees to a restriction that I request, the restriction is binding on Mats Mats Chiropractic Clinic and Dr. Marjorie Pederson.

I have the right to revoke this consent, in writing, at any time, except to the extent that Mats Mats Chiropractic Clinic or Dr. Marjorie Pederson 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 conditions and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Mats Mats Chiropractic Clinic's Notice of Privacy Practices prior to signing this document.

The Mats Mats Chiropractic Clinic's Notice of Privacy has been provided to me.

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 Mats Mats Chiropractic Clinic.

The Notice of Privacy Practices also describes my rights and the duties of Mats Mats Chiropractic Clinic with respect to my protected health information.

Mats Mats Chiropractic Clinic 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 and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date