

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

I consent to the use or disclosure of my protected health care information by **Scriber Lake Chiropractic** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **Scriber Lake Chiropractic I** understand that diagnosis or treatment of me by **Randall G Dreessen D.C** 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 healthcare operations of the practice. **Scriber Lake Chiropractic** is not required to agree to the restrictions that I may request. However, if **Scriber Lake Chiropractic** agrees to a restriction that I request, the restriction is binding on **Scriber Lake Chiropractic** and **Randall G Dreessen D.C.**

I have the right to revoke this consent, in writing, at any time, except to the extent that **Randall G Dreessen D.C** or **Scriber Lake 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 healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to 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 understand I have a right to review **Scriber Lake Chiropractic’s** Notice of Privacy Practices prior to signing this document. The **Scriber Lake Chiropractic’s** Notice of Privacy Practices had been provided to me. Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of the healthcare operations of the **Scriber Lake Chiropractic.** Notice of Privacy Practice for **Scriber Lake Chiropractic** is also provided at 19721 Scriber Lake RD #D. This Notice of Privacy Practices also describes my rights and the **Scriber Lake Chiropractic’s** duties with respect to my protected health information.

**Scriber Lake Chiropractic** reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice by calling **Scriber Lake Chiropractic** office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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Signature of Patient or Person Representative

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Name of Patient or Person Representative

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Date