



Consent for Purposes of Treatment, Payment & Healthcare Operations (3/03)

I consent to the use or disclosure of my protected health information by Align Chiropractic P.C. 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 Align Chiropractic. I understand that analysis, diagnosis or treatment of me by Align Chiropractic P.C. 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. Align Chiropractic P.C. is not required to agree to the restrictions that I may request. However, if Align Chiropractic P.C. agrees to a restriction that I request, the restriction is binding on Align Chiropractic P.C. I have the right to revoke this consent, in writing, at any time, except to the extent that Align Chiropractic P.C. 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 condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of Align Chiropractic P.C. and understand that I have a right that Notice's Notice of Privacy Practices 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 Align Chiropractic P.C. The Notice of Privacy Practices for Align Chiropractic P.C. is also posted in the waiting room at 2305 Commerce Boulevard, Mound, Minnesota. This Notice of Privacy Practices also describes my rights and duties of the Align Chiropractic P.C. with respect to my protected health information.

Align Chiropractic P.C. 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 Align Chiropractic P.C. 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 Representative's Authority