



## PRIVACY CONSENT

For use and/or disclosure of Protected Health Information (PHI)  
To carry out Treatment, Payment and Healthcare Operations

I, \_\_\_\_\_, hereby state that by signing this consent, I acknowledge and agree as follows:

- Higley Family Chiropractic will take every means necessary to protect my PHI. This means that they will not engage in any electronic transaction, such as fax and email, with others regarding my health care information.
- Higley Family Chiropractic has the right to transfer any health records, via US mail, if a written request is made by the patient.
- Higley Family Chiropractic may use and or disclose my PHI (which may include information about my health condition and the treatment provided to me) in order to treat me and obtain payment for that treatment and as necessary for the practice to conduct its specific health care operations.
- I understand that, and consent to, the following appointment reminders that may be used by Higley Family Chiropractic: a postcard mailed to me at the address which I have provided; or by telephoning my home and leaving a message on an answering machine or with an individual answering the telephone.
- I understand that I have the right to request that Higley Family Chiropractic restrict how my PHI I used and/ or disclosed to carry out treatment, payment or healthcare operations. However the practice is not required to agree to any restrictions that I have requested. If the practice agrees to a requested restriction, then the restriction is binding on the practice.
- I understand that if I do not sign this consent or if I revoke it at any time, Higley Family Chiropractic has the right to refuse to treat me.
- I understand and consent to the following other types of correspondence from this office:
  - Periodic mailings of general health information in the form of a newsletter.
  - Letters or bill mailed in an envelope with Higley Family Chiropractic on the return address.
- I understand and consent to Higley Family Chiropractic using my picture in a balloon on their wall. (Applies to children only)
- I understand and consent to Higley Family Chiropractic using my Chiropractic story as a testimonial in their testimonial books that are used in the office. (Separate signature is also required for this)

I have read and understand the above notice and all of my questions have been answered to my full satisfaction in a way that I understand.

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Signature

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Date