

Patterson Chiropractic Clinic

NECK, BACK, AND JOINT CLINIC

1011 South Closner

Phone (956)383-0191

Edinburg, Texas 78539

Fax(956)383-7249

I understand that as part of my healthcare, this organization originates and maintains health 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 and treatment, a means of communication among the many health professionals who contribute to my care, a source of information for applying my diagnosis and information to my bill, a means by which a third-party payor can verify that services billed were actually provided, and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that the organization is not required to agree the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I have read the privacy notice provided and hereby consent to the use and disclosure of my health information for treatment, payment, and healthcare operations as described in the notice of information practices.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE: _____

DATE OF NOTICE: _____

WITNESSED BY PATTERSON CLINIC STAFF: SIGNATURE BELOW

_____ DATE: _____