



**HIPAA: Consent for Purposes of Treatment,
Payment and Health Care Operations**

I, _____, hereby consent to the use or disclosure of my protected health information by Cynergy Chiropractic Center, Inc. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of Cynergy Chiropractic Center, Inc.

I understand that diagnosis or treatment of me by Cynergy Chiropractic Center, Inc. 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. Cynergy Chiropractic Center, Inc. is not required to agree to the restrictions that I may request. However, if Cynergy Chiropractic Center, Inc. agrees to a restriction that I request, the restriction is binding on Cynergy Chiropractic Center, Inc.

I have the right to revoke this consent, in writing, at any time, except to the extent Cynergy Chiropractic Center, Inc. has taken action in reliance on this consent.

My "Protected Health Information" means health information, including my demographic information, collected from me and created and 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 understand I have a right to review Cynergy Chiropractic Center, Inc.'s Notice of Privacy Practices prior to signing this document.

Cynergy Chiropractic Center, Inc.'s Notice of Privacy Practices 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 Cynergy Chiropractic Center, Inc.

The Notice of Privacy Practices also describes my rights and the duties of Cynergy Chiropractic Center, Inc. with respect to my protected health information.

Cynergy Chiropractic Center, Inc. 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 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 or Personal Representative

Date

Description of Personal Representative's Authority