



## **Infinity Chiropractic & Wellness Centers' Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the use or disclosure of my protected health information by Infinity Chiropractic & Wellness Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of Infinity Chiropractic & Wellness Center. I understand that diagnosis or treatment of me by the doctors of Infinity Chiropractic & Wellness Center 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. Infinity Chiropractic & Wellness Center are not required to agree to the restrictions that I may request. However, if Infinity Chiropractic & Wellness Center agrees to a restriction that I request, the restriction is binding on Infinity Chiropractic & Wellness Center and its doctors.

I have the right to revoke this consent, in writing, at any time, except to the extent that the doctors of Infinity Chiropractic & Wellness Center have 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 understand I have a right to review Infinity Chiropractic & Wellness Center's Notice of Privacy Practices prior to signing this document. The Infinity Chiropractic & Wellness Center 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 the Infinity Chiropractic & Wellness Center. The Notice of Privacy Practices for Infinity Chiropractic & Wellness Center is also provided on the wall in the waiting. This Notice of Privacy Practices also describes my rights and the Infinity Chiropractic & Wellness Center duty with respect to my protected health information.

Infinity Chiropractic & wellness Centers reserve 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 accessing the Infinity Chiropractic & Wellness Center website, calling the 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 Personal Representative

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Name of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority