

HIPAA LAW #101-191 CONSENT

This office is HIPAA compliant. Your records are kept in the strictest confidence; however, it may be necessary to disclose information to another health care provider as well as to other third-party payers if they are responsible for payment of your services. It may be necessary to use or disclose information within our practice for quality control and operational purposes. (i.e.: appointment reminders at home or work, leaving messages on answering machine, leaving messages with a person, testimonials of your improvement in written or verbal form, family picture boards, sending you newsletters, and sending you thank you gifts as well as open adjusting areas). You have the right to request a more detailed "Notice of Privacy for Private Health Information" upon request at any time during your care. If any changes occur in reference to our privacy practices you will be notified by posting of the change in the office. By signing below, you accept and give us permission to disclose this information. You have the right to not disclose any of this information however requests must be in writing.

I _____ give permission to Evans Chiropractic to release my protected health information from past present and future described above to:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

(This information can be revoked at any time by notifying Evans Chiropractic in writing.)

I have read and understand the above policies and I accept all terms by signing below.

_____/_____/_____
Date **Print** **Signature**