

Winchester Family Chiropractic, PLLC. Dr. A.C. Borrromeo, V

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Disclaimer:

This document and the following information in it does not constitute legal advice. It is also not a substitute for legal or other professional advice. Users should consult their own legal counsel for advice regarding the application of the law and this document as it applies to the HIPAA regulations.

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Dr. A.C. Borrromeo, V for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Winchester Family Chiropractic, PLLC.

I understand that diagnosis or treatment of me by Winchester Family Chiropractic, PLLC 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. Winchester Family Chiropractic, PLLC is not required to agree to the restrictions that I may request, however, if Winchester Family Chiropractic, PLLC agrees to a restriction that I request, the restriction is binding on Winchester Family Chiropractic, PLLC.

I have the right to revoke this consent in writing, at any time, except to the extent that Winchester Family Chiropractic, PLLC has 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 the right to review Winchester Family Chiropractic's Notice of Privacy Practices prior to signing this document.

The Winchester Family Chiropractic, PLLC'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 bills or in the performance of health care operations of the Winchester Family Chiropractic, PLLC

The Notice of Privacy Practices for Winchester Family Chiropractic, PLLC is also provided at the front desk.

This Notice of Privacy Practices also describes my rights and the duties of Winchester Family Chiropractic, PLLC with the respect to my protected health information.

Winchester Family Chiropractic, PLLC 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

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority