

InMotion Chiropractic Health Center, P.C.

Patient Consent to uses of Protected Health Information (PHI)

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or (PHI) for short. It includes information that can be used to identify you that we’ve created or received about your past, present, or future health condition, the provision of health care to you, or the payment of this health care.

We may use and/or disclose your PHI for reasons relating to treatment, payment or health care operations, with your signed consent. However, there are certain uses and disclosures which do not require your consent such as: when it is required by law, for health oversight activities, for research purposes, to avoid harm, for specific government functions, and for workers’ compensation purposes. This also includes appointment reminders and health-related activities, fundraising/marketing efforts, and disclosures to family, friends and other that you indicate being involved in your care or payment for your care.

Your rights regarding your PHI allow you to request limits on the uses and disclosures of this information. We do require such requests in writing. We will consider your request, but are not legally required to accept it. If we do accept your request, we will abide by it except in emergency situations. You may not limit the uses and disclosures we are legally required or allowed to make. Furthermore, you have the right to revoke this signed consent in writing.

For further information, you may request a copy of the Notice of Privacy Practices from the front desk. This notice can also be found throughout the office in the waiting room and treatment rooms. It outlines in details how your PHI may be used both with and without your consent, your rights regarding your PHI, and how to file a complaint about the privacy practices at InMotion Health Center,

By signing below you are stating that you understand, and agree to your protected health information being subject to the standard uses and disclosure of the privacy practices at InMotion Chiropractic Center, P.C.

Signed: _____ Date: _____

Name: _____

(Please Print)