

# Patient Consent for Use and Disclosure of Protected Health Information

## Back in Line Chiropractic Center

I hereby give consent for Back in Line Chiropractic Center to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. (TPO)

Back in Line Chiropractic Center's Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have read Back in Line Chiropractic Center's Notice of Privacy Practices prior to signing this consent. Back in Line Chiropractic Center reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Back in Line Chiropractic Center, 6991 W. Broward Blvd. #107, Plantation, FL 33317.

With this consent, Back in Line Chiropractic Center may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Back in Line Chiropractic Center may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as there marked Personal and Confidential.

With this consent, Back in Line Chiropractic Center may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Back in Line Chiropractic Center restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Back in Line Chiropractic Center's use and disclosures of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Back in Line Chiropractic Center may decline to provide treatment to me.

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Signature of Patient or Legal guardian

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Patient's Name (print)

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Date

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Print Name of Patient or Legal Guardian