

Brackeen Chiropractic Wellness and Rehab  
320 N. Rock Road Ste. 300  
Derby, KS 67037

FORM: Consent for Purposes of Treatment, Payment and Health Care  
Operations

I consent to the use or disclosure of my protected health information by Brackeen Chiropractic P.A. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Brackeen Chiropractic P.A.

I understand that diagnosis or treatment of me by Brackeen Chiropractic P.A. 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. Brackeen Chiropractic P.A. is not required to agree to the restrictions that I may request. However, if Dr. Paul Brackeen agrees to a restriction that I request, the restriction is binding on Dr. Paul Brackeen and Brackeen Chiropractic P.A. I have the right to revoke this consent, in writing, at any time, except to the extent that Brackeen Chiropractic P.A. or Dr. Paul Brackeen 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 a right to review Brackeen Chiropractic P.A. Notice of Privacy Practices prior to signing this document.

The Brackeen Chiropractic P.A. 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 Brackeen Chiropractic Wellness and Rehab.

The Notice of Privacy Practices for Brackeen Chiropractic P.A. is also provided at 320 N. Rock Road, Ste. 300, Derby, KS 67037 and on the Brackeen Chiropractic web-site.

This Notice of Privacy Practices also describes my rights and the duties of Brackeen Chiropractic P.A. with respect to my protected health information.

Dr. Paul Brackeen 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 accessing the Brackeen Chiropractic web site, 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority