

# Mountain Health Chiropractic

1108 W Parker Rd, #102 Plano, TX 75075 972-398-0440

## Acknowledgment of Notice of Privacy Practices Consent to the Use and Disclosure of PHI

### **Notice of Privacy Practices**

I am aware of the "Notice of Privacy Practices" in this office. I understand that it details how my protected health information may be used or disclosed. I understand it details my rights and privileges as a patient. I realize that I may review the Notice prior to signing this consent, and that I am entitled to my own copy of this Notice upon request.

### **Use and Disclosure of Protected Health Information**

I understand that it is necessary for *Mountain Health Chiropractic* to maintain records describing my demographic and health information for the purpose of treatment, obtaining payment, and supporting day-to-day health care operations.

I understand that it is mandatory by law for this office to obtain my signed authorization to release or obtain certain information.

*Mountain Health Chiropractic* is bound by law to safeguard the use and disclosure of my protected health information, and such policies are detailed in the Notice.

### **Right to Change Notice**

I further understand that *Mountain Health Chiropractic* reserves the right to modify the privacy practices outlined in the Notice, and I am entitled to updated versions as they become available.

**I have reviewed this consent form and give my permission to *Mountain Health Chiropractic* to use and disclose my protected health information in accordance with it.**

\_\_\_\_\_  
PRINT Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Representative)

\_\_\_\_\_  
Relationship of Patient Representative

\_\_\_\_\_  
Office Representative

\_\_\_\_\_  
Date