

## **PATIENT CONSENT FORM**

### **LAKE CITY CHIROPRACTIC AND MASSAGE CENTER KEVIN B. HARRISON, DC**

#### **PATIENT CONSENT FOR USE AND DISCLOSURE FOR PROTECTED HEALTH INFORMATION!**

I hereby give my consent for Lake City Chiropractic and Massage Center to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). The Notice of Privacy Practices (NOPP) provided by Lake City Chiropractic and Massage Center describes such use and disclosures more completely.

I have the right to review the NOPP prior to signing this consent. Lake City Chiropractic and Massage Center reserves the right to revise its NOPP at any time. A revised NOPP shall be maintained and stored in the front office and is available upon request.

With this consent, Lake City Chiropractic and Massage Center may call my home or 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 test results, among others.

With this consent, Lake City Chiropractic and Massage Center may mail to my home or other alternative location and items that assist the practice in carrying out TPO, such as reminder cards and patient statements as long as they are addressed to the patient.

With this consent, Lake City Chiropractic and Massage Center may e-mail to my house 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 Lake City Chiropractic and Massage Center restrict how it uses or discloses my PHI to carry out TOP. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

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, Lake City Chiropractic and Massage Center may decline to provide treatment to me. A patient's written consent only needs to be obtained one time for all subsequent care given to the patient in this office.

I have read and understand how my PHI will be used and I agree to these policies and procedures my PHI to carry out TPO.

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Signature of Patient or Legal Guardian

Date

Relationship to Patient