

## HIPAA Consent Form

I understand that I have certain rights to privacy regarding my protected health information (PHI). These rights are given to me under the Health Information Portability and Accountability Act of 1996 (HIPAA). Signing this consent allows Quintessential Chiropractic to use and disclose my protected health information for:

- Treatment
- Consulting with other health care providers about my case
- The day-to-day healthcare operations of your practice

I have also received a copy of your *Notice of Privacy Practices*, which more fully explains how my PHI may be used and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice and that I may contact you at any time to get the most current copy.

I understand that I have the right to request restrictions on how my PHI is used and disclosed but that you are not required to agree to these requests. However, if you do agree you must abide by these restrictions.

I understand that I may revoke this consent in writing at any time. However, any use or disclosure that occurred prior to that date is not affected.

### **\*\* Patient Authorization regarding chiropractic care in an “open adjusting” environment \*\***

This office provides chiropractic care in an “open adjusting” environment. This means that several patients may be in the adjusting area at the same time. Some routine details of care are discussed within earshot of other patients and staff. Open adjusting is intended to make my experience with your office more efficient and productive. It will also enhance my access to quality health care and health information.

This environment is ONLY used for routine care. Patient histories and exams are done in a private confidential setting. I understand that I may also schedule time to consult with the doctor privately about my care.

I HAVE READ THIS CONSENT FORM AND UNDERSTAND WHAT I HAVE READ. I CONFIRM THAT ALL MY QUESTIONS HAVE BEEN ANSWERED AND I AGREE TO THE ABOVE STATEMENTS.

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Print Name

Signature

Date

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