PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH AND INFORMATION

I hereby give my permission for Southwestern Chiropractic and Wellness Center to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Southwestern Chiropractic and Wellness Center Notice of Privacy Practices provides a more complete description of such uses and disclosers.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Southwestern Chiropractic and Wellness Center reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Southwestern Chiropractic and Wellness Center.

With this consent, Southwestern Chiropractic and Wellness 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.

HIPAA PATIENT CONSENT

The patient understands that:

1. **Protected health information may be disclosed or used for treatment, payment, or healthcare operations.**
2. **The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this notice.**
3. **The Practice reserves the right to change the Notice of Privacy Practices.**
4. **The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.**
5. **The patient may revoke this Consent in writing at any time and all future disclosed information will then cease.**
6. **The Practice may condition receipt of treatment upon the execution of this Consent.**

This consent was signed by: _____

Print Name-Patient or Patient Representative

_____

Relationship if other than patient

_____

Signature

Shad R. Reif, D.C.
Tom Rios, D.C.
Joey Dudrow, D.C.
114 South Jackson Ave.
Wylie, TX 75098
Phone: 972-429-4677
Fax: 972-429-8229
www.southwesterchiropractic.com