

**CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT,
PAYMENT OR HEALTH CARE OPERATIONS**

The patient, hereby, consents to use or disclose of his/her individually identifiable health information ("protected health information") by Valley Ridge Chiropractic Center in order to carry out treatment, payment, or health care operations. The patient should review Valley Ridge Chiropractic Center Notice of Privacy Practices for Protected Health Information for a more complete description of the potential uses and disclosures of such information, and the patient has the right to review such Notice prior to signing this consent form.

Valley Ridge Chiropractic Center reserves (or does not reserve) for itself the right to change the terms of its Notice of Privacy Practices for Protected Health Information at any time. If Valley Ridge Chiropractic Center does change the terms of its Notice of Privacy Practices, Patient may obtain a copy of the revised Notice (by following this procedure).

Patient retains the right to request that Valley Ridge Chiropractic Center restrict how his/her protected health information is used or disclosed to carry out treatment, Payment or health care operations. Valley Ridge Chiropractic Center is not required to agree to such requested restrictions; however, if Valley Ridge Chiropractic Center does agree to patient's requested restriction(s), such restrictions are then binding on Valley Ridge Chiropractic Center.

At all times, Patient retains the right to revoke this consent. Such revocation must be submitted to Valley Ridge Chiropractic Center in writing. The revocation shall be effective except to the extent that Valley Ridge Chiropractic Center has already taken action in reliance on the consent.

Valley Ridge Chiropractic Center may refuse to treat patient if he/she (or authorized representative) does not sign this Consent Form (except to the extent that Valley Ridge Chiropractic Center is required by law to treat individuals). If patient (or authorized representative) signs this Consent Form and then revokes Consent, Valley Ridge Chiropractic Center has the right to refuse to provide further treatment to Patient as of the time of revocation (except to the extent that Valley Ridge Chiropractic Center is required by law to treat individuals).

I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE RECEIVED A COPY OF THIS FORM AND I AM THE PATIENT OR AM AUTHORIZED TO ACT ON BEHALF OF THE PATIENT TO SIGN THIS DOCUMENT VERIFYING CONSENT TO THE ABOVE STATED TERMS.

DATE _____ TIME _____ AM/PM _____
Signature of patient _____

Please print name

Person signing on behalf of patient _____

Please print name _____

Signature of witness _____

Please print name _____