

Consent for Use or Disclosure of Health Information

Our Privacy Pledge

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health care information.

1. We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
2. We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
3. We may need to use your health information within our practice for quality control or other operational purposes.

We have a more complete notice that provides a detailed description of how your health information may be used or disclosed. You have the right to review that notice before you sign this consent form (164.520). Please feel free to contact us at any time for a copy of our privacy notices, or you may download a copy from our website at www.elitewellnesscenters.com.

Promotional Activities

From time to time our practice sends out information to make you aware of products, services, events and special promotions. The doctors and staff at Elite Chiropractic & Wellness may need to use your health information including your name, address, phone number, e-mail and your clinical records for the purpose of marketing health information, products and services to you. You have the right to refuse to give us this authorization. If you do not give us permission, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care. You may inspect the information that we use to contact you for marketing purposes at any time (164.524). Our practice and staff may receive direct or indirect remuneration from our marketing activities.

Your right to limit uses or disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing.

You may revoke your consent to us at any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

I authorize you to use or disclose my health information in the manner described above. I have read your consent policy and agree to its terms. I am also acknowledging that I have received a copy of this consent and authorization form.

Printed Name

Date

Signature

Guardian/Representative