



**Health and Wellness
Chiropractic Center P.C.**

Healthy Body • Healthy Spine • Healthy Solution

PATIENT CONSENT FORM

I understand that, under the Health Insurance Portability & Accountability Act of 1997 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- **Conduct, plan and direct my treatment and follow-up among the multiple Healthcare providers- directly and indirectly.**
- **Obtain payment from third-party payers.**
- **Conduct normal healthcare operations such as quality assessments.**

I have been informed by Health and Wellness Chiropractic Center of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice Of Privacy Practices (NPP) prior to signing this consent. I understand that the office of Dr. Greg Tomalin has the right to change its NPP from time to time and that I may contact them at any time at the address listed below to receive an updated copy.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

PATIENT NAME _____

SIGNATURE _____

DATE _____

**Health and Wellness Chiropractic Center
5153 W 120th Ave
Broomfield, CO 80020**