



Prana Health Chiropractic Consent to Use or Disclose Health Information

I, authorize Prana Health Chiropractic, to use & disclose my medical information for the purposes of Treatment, Payment & Health Care Operations:

*Treatment includes, activities performed by a health care provider, nurse, office staff & other type of health care professionals providing care to you, coordination or managing your care with parties, & consultation with & between other health care providers.

* Health care operations include the necessary administrative & business functions.

You may review Prana Health Chiropractic's "Notice of Privacy Practices" for additional information about the uses & disclosures of information described in this consent prior to signing. If you do not wish to receive a copy of our Privacy Notice, please initial: _____

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the notice may change also. A summary of the notice will be email for your reference. We will offer you a copy of the notice on our first visit to you.

You have the right to revoke this consent, in writing, at any time; however, your decision to revoke the authorization will not affect or undo any use or disclosed information that occurred before your notification.

Signature Date _____ Patient

Signature Date _____ Authorized