

HIPPA PRIVACY CONSENT
BODY FIRST CHIROPRACTIC LLC
Dr. Christopher D. Riddle
1913 E. Pleasant Valley Blvd, Suite 2
Altoona, PA 16602
814-942-2304

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can be and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the used and disclosures of my health information; I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is being used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required 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: _____

Relationship to Patient: _____

Date: _____