

## Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Tanya English, D.C. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct healthcare operations of Tanya English, D.C. I understand that diagnosis or treatment of me by Tanya English, D.C. may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Tanya English, D.C. is not required to agree to the restrictions I may request. However, if Tanya English, D.C. agrees to a restriction I request, the restriction is binding on Tanya English.

I have the right to revoke this consent, in writing, at any time, except to the extent Dr. Tanya English has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Tanya English, D.C.’s Notice of Privacy Practices prior to signing this document. Tanya English D.C.’s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Tanya English, D.C. The Notice of Privacy Practices for Tanya English, D.C. is also provided in the waiting room. This Notice of Privacy Practices also describes my rights and Tanya English’s duties with respect to my protected health information.

Tanya English, D.C.. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

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Date