

Patient Health Information Consent Form

We at Cline Chiropractic Rehabilitation Center LLC., want you to know how your Patient Health Information (PHI) is going to be used in this office and your right concerning those records. Before we begin any health care operations, we first require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information, we encourage you to read the HIPAA Notice that is included in your new patient packet.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, healthcare operations and coordination of care. As an example, the patient agrees to allow the chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
3. A patient's written consent needs only to be obtained one time for all subsequent care given to the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
5. For you security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the Chiropractor has the right to refuse care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Print Name of Patient

Signature of Patient

Date

Please Continue On Back

Dr. Nicholas Cline D.C.
5010 Grange Rd. Suite 103, Roseburg, OR. 97471

Financial Agreement

Cline Chiropractic requires payment at the time of your appointment, unless other arrangements are made in advance. All monies are patient's responsibility. Cline Chiropractic will bill your insurance as a courtesy. We will gladly bill your insurance for you and estimate your portion not covered by insurance. Our estimates are subject to final approval by your insurance company and could therefore change. The portion not covered by insurance will be the patient's responsibility.

If you are seeking treatment from Cline Chiropractic with no insurance, you will be responsible for the treatment fee. Cline Chiropractic offers a discount for payment at the time of service. If you fail to make the payment, within a reasonable time period, and we are forced to make arrangements through a collection agency you will forfeit your discount and be responsible for the customary fees.

If your payment arrangements have been defaulted, Cline Chiropractic has the authority to forward your outstanding balances to Southern Oregon Credit Service, Inc. At that point you will be responsible for late fees, interest, etc.

A non-sufficient funds (NSF) check written to Cline Chiropractic will be subject to a fee of \$35.00.

X _____

Signature

X _____

Date

Please Continue On Back