



Turano-McCall Chiropractic

254 New Castle Road • Butler, PA 16001 • 724-287-0442 • Fax 724-287-0564

NOTICE OF PRIVACY POLICIES PATIENT CONSENT FORM

A brochure explaining our Notice of Privacy Policies is available upon request from either the doctor or receptionist. This brochure explains how Turano-McCall Chiropractic may use and/or disclose protected health information about either you or regarding your condition.

If interested or concerned, please take the time to request and review the Notice before you sign this form, which indicates you have been given the opportunity to view our Privacy Policies and have also been given the opportunity to provide Turano-McCall Chiropractic in writing any portion of the Notice that you are not in agreement with.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required by law to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent in writing, which should be signed by you, notarized and mailed to Turano-McCall Chiropractic certified. Such revocation shall not affect any disclosures we have already made in reliance on your prior consent. Turano-McCall Chiropractic provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- Turano-McCall Chiropractic has a Notice of Privacy Policies brochure that the patient has had an opportunity to review if desired.
- Turano-McCall Chiropractic reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information, but Turano-McCall Chiropractic does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time. Said revocation must be signed, notarized and sent by certified mail at which time all future disclosures will cease.
- Turano-McCall Chiropractic may condition treatment upon execution of this Consent.

Consent signed by: _____
(Please print your name above) (Signature above)

Relationship to patient (if other than patient): _____ Date: _____

Signature witnessed by: _____
(Turano-McCall Chiropractic Representative) (Signature above)