

## CONSENT TO USE AND DISCLOSURE OF HEALTH INFORMATION

*(Can be added to general consent form as long as visually separated with separate signature and date lines.)*

By signing this form, you are granting consent to Weber Family Chiropractic PC to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full (see below).

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by: [www.jvillechiro.com](http://www.jvillechiro.com) or contacting us at 217-243-5438. You have a right to request that we restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

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Signature

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Date

### **Verification that you have read (given the opportunity to read) the detailed Notice of Privacy Practices .**

By signing below, you verify that you have been given Weber Family Chiropractic PC's Notice of Health Information Privacy Practices and the opportunity to view and read the detailed sections involving the Notice of Privacy Practices .

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Signature

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Date