ClearPoint WELLNESS

CONSENT AND AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Our Privacy Pledge

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information. No health records are ever available on our web site. There are few circumstances in which we may have to use or disclose your health care information:

- We have to disclose your health information to another health provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your account.

We have a more complete notice that provides a detailed description of how your health information may be used or disclosed available in our office. You have the right to review that notice before you sign this consent form and at any time thereafter (§ 164.520 and § 164.524). We reserve the right to change our privacy practices as described in this notice and in accordance with law. If we make a change, we will notify you in writing when you come in for treatment or by mail.

Appointment Reminders and Health Care Authorization

Your chiropractor, massage therapist, esthetician, and members of the practice staff may need to use your name, address, and phone number to contact you to confirm appointments. If this contact is made by phone and you are not at home, a message may be left on your answering machine or with the person that may answer the phone. By signing this form, you are giving us authorization to contact you with this information.

Information that we use or disclose, based on the authorization you are giving us, may be subject to re-disclosure by anyone who has access to the reminder and/or information and may no longer be protected by the federal privacy rules.

Your right to limit uses or disclosures

You have the right to request that we limit/restrict disclosure of your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please inform Clear Point Wellness in writing; however, we may not be required to comply with your restrictions (as applicable by law). If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest your claims. If we have the Consent for Use or Disclosure Form signed by you in our files specifying restriction or limitations, the restriction is bonding on us unless otherwise noted.

Your right to revoke your authorization

You may revoke your consent to us at any time; however, your revocation must be in writing. Your revocation request will be effective the date it is received in our offices. All information released prior to that date will not apply.

Our contact with you

Please review and initial the following options regarding our communication with you:

_____ ☐ Please do not contact me; I will contact Clear Point Wellness.

OR

_____ Calling phone numbers provided is ☐Preferred ☐OK ☐With exception of _____ .

_____ Email communication is ☐Preferred ☐OK ☐With exception of _____ .

_____ While our email service is secure, internet transmissions are not; therefore, we cannot guarantee the privacy and security of information sent via email.

This notice is effective as of today's date and will expire seven years after the date on which you last received services from us. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement in your care.

I have read your consent policy and agree to its terms. I authorize Clear Point Wellness to use or disclose my health information in the manner described above.

_____ _____

Printed Name Authorized Provider Representative

_____ _____

Signature Date