

Nicole Holton, D.C.
923 NE Couch
Portland, Oregon 97232

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Nicole Holton, D.C. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment of me by Nicole Holton, D.C. may be conditioned upon my consent as evidenced by my signature on the 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. Nicole Holton, D.C. is not required to agree to the restrictions that I may request. However, if Nicole Holton, D.C. agrees to a restriction that I request, the restriction is binding on Nicole Holton, D.C.

I have the right to revoke this consent, in writing, at any time, except to the extent that Nicole Holton, D.C. 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 practitioner, 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 Nicole Holton, D.C.’s Notice of Privacy Practices prior to signing this document. 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. The Notice of Privacy Practices for Nicole Holton, D.C. is provided at the front desk. The Notice of Privacy Practices also describes my right and Nicole Holton, D.C.’s duties with respect to my protected health information.

Nicole Holton, 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 of privacy practices by calling the office or by requesting it at the front desk.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Description of Personal Representative