



**Johnson Chiropractic, Acupuncture, and Oriental Medicine, LLC**  
22395 US Highway 331 N Paxton, FL 32538 \* 850-834-2118

\* Dr. Heather Johnson, D.O.M. \*

**Consent for Purposes of Treatment, Payment and Health Care Operation**

I consent to the use or disclosure of my identifiable health information by Johnson Chiropractic, Acupuncture, and Oriental Medicine, LLC. (hereafter noted as JCAOM) for the purposes of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment of me at JCAOM may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my identifiable health information is used or disclosed to carry out treatment, payment or health care operations of the practice. JCAOM is not required to agree to the restrictions that I may request. However, if JCAOM agrees to a restriction that I request, the restriction is binding upon JCAOM.

I have the right to revoke this consent, in writing, at any time except to the extent that JCAOM has taken action in reliance on this consent.

*My identifiable 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 a health care clearinghouse. This identifiable 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 the right to review JCAOM's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills or in the performance of health care operations of JCAOM. The Notice of Privacy Practices is also provided at the front desk. This Notice of Privacy Practices also describes my rights and the duties of my practitioners and JCAOM with respect to my identifiable health information.

JCAOM reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices requesting the most current notice during any office visit.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Relationship if applicable

Please initial the back of this form as well.



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**We take measures to ensure your privacy.**

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners/providers in the coordination of care.

***I understand that this information serves as:***

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

***I understand that I have the right:***

- To object to the use of my health information for directory purposes such as mailings and email lists.
- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations – and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon

***Safeguards in place at our office include:***

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical records are kept on file for seven years.
- Patients are kept track of using numbers verses names ensuring your right to privacy.

***Types of information that we gather and use:***

In administering your health care, we gather and maintain information that may include non-public personal information.:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

You may be able to access and correct personal information we have collected about you, (information that can identify you - e.g. your name, address, Social Security number, etc.).

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 850-834-2118

Initial and date here: