

**Dobbins Affordable Chiropractic**

1240 High Street  
Alameda, CA 94501  
(510)747-1600  
(510)747-1602 Fax

**Consent for Purposes of Treatment, Payment & Healthcare Operations**

I consent to the use or disclosure of my protected health information by **Dr. PJ Dobbins, DC or Dr. Patrick Dobbins** for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations by **Dr. PJ Dobbins, DC or Dr. Patrick Dobbins DC**, I understand that analysis, diagnosis or treatment of me by **Dr. PJ Dobbins, DC or Dr. Patrick Dobbins DC** may be conditioned upon my consent as evidenced by my signature below.

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. **Dobbins Affordable Chiropractic** is not required to agree to the restrictions that I may request. However, if **Dobbins Affordable Chiropractic** agrees to a restriction that I request, the restriction is binding on **Dobbins Affordable Chiropractic; Dr. PJ Dobbins, DC or Dr. Patrick Dobbins DC**.

I have the right to revoke this consent, in writing, at any time, except to the extent that **Dobbins Affordable Chiropractic; Dr. PJ Dobbins, DC or Dr. Patrick Dobbins** has taken action in reliance on this Consent.

My "protected health information" means health information, including demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a 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 have a right to review the Notice of Privacy Practices to 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 of Chiropractor. The Notice of Privacy Practices for **Dobbins Affordable Chiropractic** is posted in the waiting room at **1240 High Street, Alameda, CA 94501**. This Notice of Privacy Practices also describes my rights and duties of with respect to my protected health information.

**Dobbins Affordable Chiropractic** 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 of Chiropractor and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative      Printed Name of Patient

Date of Signing

Description of Personal Representative's Authority