

Benson Chiropractic
577 Main Street
Islip, NY 11751

I consent to the use or disclosure of my protected health information by Benson Chiropractic for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Dr. Carrie Orenca.

I understand that diagnosis or treatment of me by Benson Chiropractic 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 protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Benson Chiropractic is not required to agree to the restrictions that I may request. However, if Dr. Carrie Orenca agrees to a restriction that I request, the restriction is binding on Dr. Orenca and Benson Chiropractic.

I have the right to revoke this consent, in writing, at any time, except to the extent that Benson Chiropractic or Dr. Orenca 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 physician, other health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future health 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 Dr. Orenca's Notice of Privacy Practices prior to signing this document.

Dr. Orenca's Notice of Privacy Practices has been provided to me.

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 Benson Chiropractic.

The Notice of Privacy Practices for Benson Chiropractic is also provided at (577 Main Street, Islip, NY 11751) and on the Benson Chiropractic website (www.islipchiro.com).

This Notice of Privacy Practices also describes my rights and the duties of Benson Chiropractic with respect to my protected health information.

Dr. Orenca 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 accessing the Benson Chiropractic website, calling the office 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

Date

Name (Printed)

Description of Personal Representative's Authority