

Broghammer Family Chiropractic  
127-B Marion Blvd.  
Marion, IA 52302  
Phone : (319) 447-1320  
Fax: (319) 447-1325

**FORM: Consent for Purposes of Treatment, Payment and Health Care Operations**

I consent to the use or disclosure of my protected health information by Nathan T. Broghammer for the purpose of diagnosing or treatment to me providing, obtaining payment for my health care bills or to conduct health care operations of Nathan T. Broghammer.

I understand that diagnosis or treatment of me by Broghammer Family 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. Broghammer Family Chiropractic is not required to agree to the restrictions that I may request. However, if Nathan T. Broghammer agrees to a restriction that I request, the restriction is binding on Nathan T. Broghammer and Broghammer Family Chiropractic.

I have the right to revoke this consent, in writing, at any time, except to the extent that Broghammer Family Chiropractic or Nathan T. Broghammer 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, 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 understand I have the right to review the Notice of Privacy Practices prior to signing this document.

The 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 Broghammer Family Chiropractic and Nathan T. Broghammer.

The Notice of Privacy Practices is also posted at 127-B Marion Blvd, Marion, IA 52302.

This Notice of Privacy practices also describes my rights and the duties of Broghammer Family Chiropractic with respect to my protected health information.

Nathan T. Broghammer 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 and requesting a revised copy to be sent to me or by asking for one at the time of my next appointment.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

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**FORM: NOTICE OF PRIVACY PRACTICE SUMMARY**

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

Broghammer Family Chiropractic uses health information about you for treatment, to obtain payment for treatment with your authorization as required by state law, for administrative purposes, and to evaluate the quality of care that you receive.

Broghammer Family Chiropractic will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Broghammer Family Chiropractic may use your information to provide appointment reminders, information about treatment alternatives or other health related issues.

Broghammer Family Chiropractic may disclose your information for public health activities, to funeral directors, to enable them to carry out their activities, for organ and tissue donations, research, health and safety, governmental function in order to comply with workers compensation laws and regulations. You have a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, and revoke your authorization and request an accounting of your health records.

You may complain to the Privacy Officer Nathan T. Broghammer and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Broghammer Family Chiropractic must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or complaints please contact Nathan T. Broghammer at 319-447-1320

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_