

## HIPAA CONSENT FORM

### **Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the use or disclosure of my protected health information by **Adams County Chiropractic/Red Cloud 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 **Adams County Chiropractic/Red Cloud Chiropractic**. I understand that diagnosis or treatment of me by **John A. Cerveny, D.C.** 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 healthcare operations of the practice. **Adams County Chiropractic/Red Cloud Chiropractic** is not required to agree to the restrictions that I may request. However, if **Adams County Chiropractic/Red Cloud Chiropractic** agrees to a restriction that I request, the restriction is binding on **Adams County Chiropractic/Red Cloud Chiropractic** and **John A. Cerveny, D.C.**

I have the right to revoke this consent in writing, at any time, except to the extent that **John A. Cerveny, D.C.**, or **Adams County Chiropractic/Red Cloud Chiropractic** 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 a right to review **Adams County Chiropractic/Red Cloud Chiropractic's** Notice of Privacy Practices prior to signing this document. The **Adams County Chiropractic/Red Cloud Chiropractic'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 the **Adams County Chiropractic/Red Cloud Chiropractic**, The Notice of Privacy Practices for **Adams County Chiropractic/Red Cloud Chiropractic** is also provided at our front desk. This Notice of Privacy Practices also describes my rights and the **Adams County Chiropractic/Red Cloud Chiropractic's** duties with respect to my protected health information.

**Adams County Chiropractic/Red Cloud 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 and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

### **Protection of Substance Use Disorder Information CARES Act and 42 CFR Part 2 Compliance**

**Adams County Chiropractic/Red Cloud Chiropractic** recognizes that federal law provides additional protections for information related to Substance Use Disorder (SUD), including alcohol and drug use disorder diagnosis, treatment, or referral information.

**Adams County Chiropractic/Red Cloud Chiropractic** will not use or disclose records or information that identify a patient as having or having had a substance use disorder, or that contain substance use disorder treatment information, without the patient's specific written authorization, except as permitted or required by law. Substance use disorder information will not be disclosed based solely on a subpoena or informal request for records.

Substance use disorder information will not be disclosed for the following purposes without your explicit written consent or a valid court order issued in accordance with federal law:

- Law enforcement investigations or proceedings
- Civil, criminal, administrative, or legislative proceedings

**Adams County Chiropractic/Red Cloud Chiropractic** are prohibited by federal law from discriminating against a patient based on substance use disorder information.

In limited circumstances allowed by law, substance use disorder information may be disclosed without authorization for:

- Medical emergencies
- Public health reporting, as required by law
- Audits, evaluations, or oversight activities authorized by law
- Court orders meeting federal requirements

Any substance use disorder information that is disclosed will be limited to the minimum necessary to accomplish the intended purpose and will continue to be protected from re-disclosure unless permitted by law.

**Protection of Substance Use Disorder Information**

Certain information related to alcohol or drug use disorder diagnosis, treatment, or referral may be protected by federal law and subject to more stringent privacy requirements than other health information. When applicable, we will not use or disclose this information without your specific written authorization or as otherwise permitted or required by law, including pursuant to a court order that meets federal requirements. These protections may limit disclosures that would otherwise be allowed under HIPAA.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority