

Molly O'Leary, DC

Molly's Healingworks

Consent for Purposes of Treatment, Payment, and Healthcare Operations

I CONSENT to the use or disclosure of my **Protected Health Information (PHI)** by Molly's Healingworks, including its staff/ employees for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Molly's Healingworks. I understand that diagnosis or treatment of me by Molly's Healingworks 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 PHI is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. Molly's Healingworks is not required to agree to the restrictions that I may request; however, if Molly's Healingworks agrees to a restriction that I request, the restriction is binding on Molly's Healingworks. I understand that I must request my restriction preferences in writing.

I HAVE THE RIGHT to revoke this consent, in writing, at any time, except to the extent that Molly's Healingworks 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 Molly's Healingworks' Notice of Privacy Practices (NPP) prior to signing this document. Molly's Healingworks' NPP has been made available to me. The NPP describes the types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills, or in the performance of health care operations at Heritage. The NPP for Molly's Healingworks is located at 1733 W. 35th Street, Kansas City, MO 64111. This NPP also describes my rights and Molly's Healingworks' duties with respect to my PHI.

Molly's Healingworks reserves the right to change the privacy practices that are described in the NPP. I may obtain a revised NPP by calling the office and requesting a revised copy be sent in the mail or by electronic format, or by asking for one at the time of my next appointment.

If you want more information about our privacy practices or have questions or concerns, please contact us. If you have a complaint about how we protect your right to privacy, you may complain to us using the contact information listed below, or you may submit a written complaint to the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/.

Contact officer: Molly O'Leary, DC
Address: 1733 W. 35th Street
Kansas City, MO 64111
816-444-4214

By signing below, I acknowledge I have read this form and give full disclosure of my information.

Patient signature (or personal representative)

Date

Patient name (print)

Form updated 12-19-2013