
Patient Consent for Use & Disclosure of Protected Health Information

With my consent, Gottlieb Chiropractic and Health Services, Inc may use and disclose protected health information (PHI) to carry out treatment, payment and healthcare options (TPO). Please refer to Gottlieb Chiropractic and Health Services, Inc. Notice of Privacy Practices for a more complete description of such uses and disclosure.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Gottlieb Chiropractic and Health Services, Inc. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Gottlieb Chiropractic and Health Services, Inc.

With my consent, Gottlieb Chiropractic and Health Services, Inc. may call my home or other designated location and leave a message on voicemail, email or in person in reference to any item that assists the practice in carrying out TPO, such as appointment reminder cards and patient statements.

By signing this form, I am consenting to Gottlieb Chiropractic and Health Services, Inc.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Gottlieb Chiropractic and Health Services, Inc. may decline to provide treatment to me.

Signature of Patient (or Legal Guardian): _____

Print Name of Patient (or Legal Guardian): _____

Authorization to pay Doctor/Clinic

I hereby authorize and direct payment of any medical expense benefits allowable to the doctor/clinic names below as payment toward the total charges for professional services rendered. This payment will not exceed my indebtedness to the doctor/clinic. I agree that a photo static copy of this agreement shall serve as the original.

Signature of Patient (or Legal Guardian): _____

Authorization to pay/release is granted to:

**Gottlieb Chiropractic &
Health Services, Inc
4401 Hazel Avenue, Suite 100
Fair Oaks, CA 95628
(916) 965-7155**