



Consent to the Use or Disclosure of my Protected Health Information for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Knoll Acupuncture for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bill or to conduct health care operations of Knoll Acupuncture, LLC.

I understand that diagnosis or treatment of me by Knoll Acupuncture, LLC 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. Knoll Acupuncture, LLC is not required to agree to the restrictions that I may request. However, if Knoll Acupuncture, LLC agrees to a restriction that I request, the restriction is binding on Knoll Acupuncture, LLC.

I have the right to revoke this consent in writing, at any time, except to the extent that Knoll Acupuncture, LLC has taken action in reliance of this consent.

My 'protected health information' means health information, including my demographic information, collected from me and created or received from 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 Knoll Acupuncture's Notice of Privacy Practices prior to signing this document.

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 Knoll Acupuncture, LLC.

The Notice of Privacy Practices for Knoll Acupuncture, LLC is also posted in the lobby.

The Notice of Privacy Practices also describes my rights and the duties of Knoll Acupuncture, LLC with respect to my protected health information.

Knoll Acupuncture 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 by asking for it at the time of my next appointment.

Signature of Patient or Personal Representative

PLEASE PRINT NAME OF PATIENT REPRESENTATIVE

Date