

Condition For Life

Wayne Nelson, DC
335 So. Spring Street
Klamath Falls, OR 97601

5

Patient Consent for Use and Disclosure of Protected Health Information

10 I hereby give my consent for Condition For Life/Wayne R. Nelson, DC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by Condition For Life/Wayne R. Nelson, DC describes such uses and disclosures more completely.)

15 I have the right to review the Notice of Privacy Practices prior to signing this consent. Condition For Life/Wayne R. Nelson, DC 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 Condition For Life.

20 With this consent, Condition For Life/Wayne R. Nelson, DC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

25

With this consent, Condition For Life/Wayne R. Nelson, DC may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

30

With this consent, Condition For Life/Wayne R. Nelson, DC may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Condition For Life/Wayne R. Nelson, DC restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

35

By signing this form, I am consenting to allow Condition For Life/Wayne R. Nelson, DC to use and disclose my PHI to carry out TPO.

40

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, or later

revoke it, Condition For Life/Wayne R. Nelson, DC may decline to provide treatment to me.

5

Signature of Patient or Legal Guardian

Print Patient's Name

Date

10

Print Name of Patient or Legal Guardian, if applicable
