

**GATEWAY CHIROPRACTIC
DR. BERT VOSWINKEL
120 North Cedar St, suite 725
CHARLOTTE, NC 28202
704-338-1960**

**CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND
HEALTHCARE OPERATIONS (HIPPA)**

I consent to the use or disclosure of my protected health information by Gateway Chiropractic for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations. I understand that ANY diagnosis or treatment of me by Dr. Bert Voswinkel 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 to the restrictions that I may request. Gateway Chiropractic is not required to agree to the restrictions that I may request. If Gateway Chiropractic agrees to restriction that I request, then the restriction becomes final and binding on Gateway Chiropractic.

My “protected health information” is defined as being any information, including demographic, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearing house. This information may relate to my past, present or future, physical or mental health, provided there is a reasonable basis to believe the information correctly identifies me.

I understand I have a right to review Gateway Chiropractic’s Notice of Privacy Practices prior to signing this document. This Notice of Privacy Practices is available to me. It describes the types, uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of the health care operations of Gateway Chiropractic. The Notice of Privacy Practices for Gateway Chiropractic is also posted in the sitting area. This Notice of Privacy Practices also describes my rights and Gateway Chiropractic’s duties with respect to my protected health information. I understand I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Bert Voswinkel or Gateway Chiropractic has taken action in reliance on consent.

Gateway Chiropractic reserves the right to change the privacy practices that are described in the Notice or Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy sent in the mail or asking for one at the time of my next appointment.

Patient or Guardian’s Signature

Printed Name of Patient or Guardian