

**ADIO Chiropractic  
d/b/a Back On Track Chiropractic  
Dr. Kris Johnson  
505 20<sup>th</sup> St N Ste 825  
Birmingham, AL 35203  
205-322-9005**

**Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the use of or disclosure of my protected health information by Dr. Kris Johnson for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of ADIO Chiropractic. I understand that diagnosis or treatment of me by Dr. Kris Johnson 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 insurance information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. ADIO Chiropractic is not required to agree to the restrictions that I may request. However, if ADIO Chiropractic agrees to a restriction that I request, the restriction is binding on ADIO Chiropractic and Dr. Kris Johnson.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Kris Johnson or ADIO Chiropractic 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 condition and identifies me, or there is a reasonable basis to believe the information may identify me.

**We will use a sign-in sheet at our front desk that you will be asked to sign. We may also call you by name in the waiting room charts may be located at the front desk under observation of the doctor and staff at all times. We may use your protected health information, as necessary, to contact you to remind you of your appointment.**

I understand I have a right to review ADIO Chiropractic's Notice of Privacy Practices prior to signing this document. ADIO Chiropractic's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types and 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 Dr. Kris Johnson. This Notice of Privacy Practices also describes my rights and ADIO Chiropractic's duties with respect to my protected health information.

I will be responsible for all charges incurred by me. Should collection action become necessary, I agree to pay all costs of collection, including all reasonable attorney's fees, and waive all rights to claim personal property exempt under the laws of the State Alabama. I waive the Statue of Limitations regarding my doctors right to recover. I understand that the doctor and his staff makes no representation as to coverage of my insurance and I do not rely on any insurance representation made to me by the Dr. and his staff.

**ADIO Chiropractic 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, or visiting the office and requesting a revised copy be sent to me by mail, be ready for me on my next visit or by obtaining one at the front desk.**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (ADIO Chiropractic Representative)

\_\_\_\_\_  
Date

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## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

### **Please review it carefully.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including your demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

We are required to abide to the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling our office or asking for a copy when visiting the office.

### **Uses and Disclosures of Protected Health Information Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

#### **You will be asked by your physician to sign a consent form**

Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your physician will use and disclose your protected health information. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health care information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. Following are examples of the types and uses of disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

#### **Treatment**

We will use and disclose your protected health information to manage your health care and any related services. This includes the coordination and management of your health care with a third party that has already obtained your permission to have access to your protected health information. In addition, we may disclose your protected health care information to another health care provider, who, at the request of your physician, becomes involved in your care by assisting with your health care diagnosis or treatment to your physician.

#### **Payment**

Your protected health care information will be used, as needed, to obtain payment for your health care services.

#### **Healthcare Operations**

We may use or disclose, as needed, your protected health information in order to support the daily business activities of your physician's practice. We will share your protected health information with third party insurance for the sole purpose of reimbursement. Whenever an arrangement between our office and insurance company involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We will not release your protected

information to anyone else without a signed medical release by you. We will use a sign-in sheet at our front desk that you will be asked to sign. Charts are located at the front desk under observation of the doctor and staff at all times. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

### **Others Involved In Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

### **Emergencies**

We may use or disclose your protected health information in an emergency situation.

### **Communication Barriers**

We may use or disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

### **Patient's Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

#### **You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have questions about access to your medical records.

#### **You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we must not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind please discuss any restriction you wish to request with your physician. You may request this restriction by discussing it with Dr. Kris Johnson or the Privacy Contact.

#### **You have the right to request and receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate any reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis of this request. Please make this request in writing to our privacy contact.

#### **You have the right to have your physician amend your protected health information.**

This means that you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

#### **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This right applies to disclosures other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It excludes disclosures we have made to you, for a facility directory, to family members or friends involved in your care for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations

#### **You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

Complaints You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Bethany Johnson, at 205-322-9005 for further information about our privacy practices or about the complaint process. This notice was published and becomes effective October 23, 2023.