

JOHN J. BELMONTE D.C.P.C.

HIPAA COMPLIANCE AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL RECORDS

- I HEREBY AUTHORIZE my Primary Care Physician or other specialist to release to John J. Belmonte D.C.P.C. medical information such as

LAB REPORTS, X-RAY REPORTS, MRI REPORTS and all related medical information as appropriate to assist with the diagnosis and your Chiropractic treatment at John J. Belmonte D.C.P.C.

- I HEREBY AUTHORIZE John J. Belmonte D.C.P.C. to disclose my medical records to my insurance company for the purpose of assisting with the settlement of my insurance claims for Chiropractic Therapy.

I UNDERSTAND THAT THIS AUTHORIZATION SHALL BE VALID UNTIL I REVOKE THE AGREEMENT THROUGH WRITTEN NOTICE TO JOHN J. BELMONTE D.C.P.C.

Name Signature

Date

HIPPA Privacy Statement

Our Practice is committed to maintaining the privacy of your protected health information (PHI), while providing high quality medical care. In accordance with the HIPPA regulations this notice explains:

- How we may use and disclose your PHI.
- Your Privacy rights regarding your PHI.
- Our Obligations concerning the use and disclosure of your PHI.

We may use and disclose your PHI for treatment, payment, and health care operations (TPO). You have the right to inspect, copy, and amend your PHI. You have the right to request restrictions on the use of your PHI. You have the right to an accounting of the disclosures of our PHI for other than TPO.

You have the right to complain about alleged violation to this practice's privacy officer and the U.S. Department of Health and Human Services.

If you have questions, please feel free to meet our privacy officer for clarification or assistance.