

Vitality
Natural Healthcare Center
Darin Mazepa, DC
134 Main Street, Emmaus, PA 18049
610.965.0023

Consent for Purposes of Treatment, Payment and Healthcare Operations

I _____, consent to the use or disclosure of my Protected Health Information (PHI) by Vitality for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Vitality. I understand that diagnosis or treatment of me by Vitality may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my Protected Health Information, (PHI), is used or disclosed to carry out treatment, payment or healthcare operations of Vitality. Vitality is not required to agree to the restrictions that I may request. However, if Vitality agrees to a restriction that I request, the restriction is binding on Vitality and Dr. Darin Mazepa.

I have the right to revoke this consent, in writing, at any time, except to the extent that Vitality or Dr. Darin Mazepa has taken action in reliance on this consent.

Protect Health Information (PHI), includes my health information, including my demographic information collected from me and created or received by my provider, another healthcare provider, a health plan, my employer or healthcare 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 Vitality's Notice of Privacy Practices prior to signing this document. The Vitality Notice of Privacy Practices has been provided to me. 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 Vitality. The Notice of Privacy Practices for Vitality is also available in our reception area. This Notice of Privacy Practices also describes my rights and the Vitality duties with respect to my protected health information.

Vitality 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 either calling Vitality and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Patient Name

Patient Signature

Personal Representative

Authority of Personal Representative