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HIPAA Consent Form

According to recent changes in health care, we are required by law to keep on file this consent form, which grants us (Honey Brook Family Chiropractic Center) permission to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. Our notice of privacy practices provides more detailed information about how we may use and disclose your health information. You have a legal right to review our notice of privacy practices before you sign this consent and we encourage you to read it in full.

Our privacy notice is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our office.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we decide to grant your request, we are bound by our law of agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Print Name: _____

Signature: _____

Date: _____