

MAURICIO CHIROPRACTIC WEST, LLC

Serving Central Florida Since 1987

Diego F. Jativa, DC

2467 E. Semoran Blvd.

Apopka, FL 32703

(407) 814-0985 Fax (407) 814-0119

CONSENT OF DISCLOSURE

(For the Usage and/or Disclosure of Protected Health Information)

I hereby give consent to Mauricio Chiropractic West, LLC, and all health care providers furnishing care within this facility to use and disclose my protected health information for the purposes of treatment, payment and health care operations.

You may cancel this consent at any time. Your cancellation must be in writing, signed by your behalf, and delivered to the address at the bottom of this form. This may be delivered in person or by mail, but it will be only effective when we actually receive it. Your cancellation will not be effective to the extent that others or we have acted in reliance upon this consent.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment or health care operations. We are not required to grant your request, however, if we do, the restriction will be obligatory to us.

Our Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this consent.

We reserved the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by asking the personnel of our office.

Please sign

Print Patient's Name: _____

Signature: _____

Date: _____

If you are signing as the patient's representative:

Print your name: _____

Relationship: _____

Cancellation

I hereby void the consent given above:

Print Name: _____

Signature: _____

Date: _____

If you are signing as the patient's representative:

Print your name: _____

Relationship: _____

Address for cancellation

Your cancellation will be effective, upon receipt, at the following address:

2467 E. Semoran Blvd.

Apopka, FL 32703

407-814-985 Fax 407-814-0119

Email: apopkanotes@gmail.com

This consent may be combined with the informed consent, as long as it is visually and organizationally separate, and separately signed and dated. The purpose is that this should be a joint consent within an integrated care setting, so that all medical personnel do not need to obtain separate consents for treatment within the facility.