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### **Consent for Purposes of Treatment, Payment and Healthcare Operations (3/18)**

I consent to the use and/or disclosure of my protected health information by Pinnacle Natural Health Center for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills and/or to conduct health care operations of Pinnacle Natural Health Center. I understand that analysis, diagnosis or treatment of me by Pinnacle Natural Health Center may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of Pinnacle Natural Health Center. Pinnacle Natural Health Center is not required to agree to the restrictions that I may request. However, if Pinnacle Natural Health Center agrees to a restriction that I request, the restriction is binding on Pinnacle Natural Health Center. I have the right to revoke this consent, in writing, at any time, except to the extent that Pinnacle Natural Health Center has taken action in reliance on the 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 or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided a copy of the Notice of Privacy Practices of Pinnacle Natural Health Center and understand that I have a right to a copy of the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practice describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment or in the performance of health care operations of Pinnacle Natural Health Center. The Notice of Privacy Practices also describes my rights and duties of Pinnacle Natural Health Center with respect to my protected health information.

Pinnacle Natural Health Center 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 of Pinnacle Natural Health Center and requesting a revised copy be sent in the mail or asking for one at the time of the next appointment.

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

Printed Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Personal Representative's Authority if not the patient: \_\_\_\_\_