

Client Health Information Consent Form

I want you to know how your Client Health Information is going to be used in this office and your rights concerning your records. Before I begin any health care services, I must require you to read and sign this consent form stating that you understand and agree with how your records will be used.

1. The client understands and agrees to allow Herbal Health /Jordans Nutrition.to use their Client Health Information for the purpose of services, payment, and coordination of care.
2. The client has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The client may request to know what disclosures have been made and submit in writing any further restrictions on the use of their Client Health Information. My office is not obligated to agree to those restrictions.
3. A client's written consent need only be obtained one time for all subsequent Care given the client in this office.
4. The client may provide a written request to revoke consent at any time during Care. This would not effect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request to revoke consent but would apply to any care given after the request has been presented.
5. Clients have the right to file a formal complaint about any possible violations of these policies and procedures.
6. If the client refuses to sign this consent for the purpose of treatment, payment and health care operations, the practitioner has the right to refuse to give care.

Signature _____ Date _____