

**Bahr Chiropractic Wellness Center, LTD**

**Consent for Purposes of Treatment, Payment and Healthcare Operations (3/03)**

**In this document, "I"**

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**and Dr. Kimberly Bahr of Bahr Chiropractic Wellness Center, LTD,**

**I consent to the use or disclosure of my protected health information by Dr. Kimberly Bahr for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Dr. Kimberly Bahr. I understand that analysis, diagnosis or treatment of me by Dr. Kimberly Bahr may be conducted 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 the practice. Dr. Kimberly Bahr is not required to agree to the restrictions that I may request. However, if I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Kimberly Bahr has taken action in reliance on this 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 with a copy of the Notice of Privacy Practices of Dr. Kimberly Bahr and understand that I have a right that Notice's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and discloses of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Dr. Kimberly Bahr. The Notice of Privacy Practices for Dr. Kimberly Bahr is also posted in the waiting room at 810 Mountain View Road, Rapid City, SD, 57702. This Notice of Privacy Practices also describes my rights and duties of Dr. Kimberly Bahr with respect to my protected health information.**

**Dr. Kimberly Bahr 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 Dr. Kimberly Bahr and requesting a revised copy be sent by mail or asking for one at the times of my next appointment.**

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**Signature of Patient or Personal Rep.  
Date**

**Printed Name of Patient**

