

**Mountain Therapeutic  
Massage and Acupuncture Clinic  
Bryson City, North Carolina**

**Patient's Consent for the Purposes of Treatment, Payment  
And HealthCare Operations (Please sign and return)**

I give consent to the *Mountain Therapeutic Massage and Acupuncture Clinic* to use and disclose my Individual Identifiable Health Information or Protected Health Information for these specific purposes:

1. to provide treatment to me,
2. to process payment for this service, and
3. for general administrative operations.

Protected Health Information is any information that includes:

1. Demographic information
2. My past or present health condition
3. My past or present financial information and agreement of future payments for healthcare services
4. Healthcare operations include quality assessment activities, credentialing, business management and other general operations procedures or activities.

I understand I have the right to request or put restrictions on the use and disclosure of my Protected Health Information for the purposes of treatment or payment of healthcare services by the Mountain Therapeutic Clinic, but the clinic is not required to agree to these restrictions. However, if the *Mountain Therapeutic Massage and Acupuncture Clinic* agrees to a restriction that I request, the restriction is binding.

**I understand I have the right to read and discuss the Notice of Privacy Policies and Procedures form of this acupuncture practice before I sign this consent regarding the use and disclosures of my Protected Health Information.**

I have the right to revoke this consent, in writing, at any time except to the extent that the acupuncturist or the practice has already acted in accordance to this consent.

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

Description of Personal Representative's Authority:

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I, \_\_\_\_\_, refuse to give consent to this HIPPA form. Date \_\_\_\_\_

