



**HIPAA Consent Agreement**  
**Consent to the Use and Disclosure of Health Information  
for Treatment, Payment, or Healthcare Operations**

I understand that as part of my healthcare, Pearlmoon Acupuncture / Jennifer French, L.Ac. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis or my insurance bill
- a means by which a third-party payer can verify that services billed were actually provided
- and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand that Pearlmoon Acupuncture / Jennifer French, L.Ac. reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the Pearlmoon Acupuncture / Jennifer French, L.Ac. is not required to agree to some restrictions requested.

I understand that I may revoke this consent in writing, except to the extent that the Pearlmoon Acupuncture / Jennifer French, L.Ac. has already take action in reliance thereon. I request the following restrictions to the use or disclosure of my health information:

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**Signature of Patient or Legal Representative Witness**

\_\_\_\_ Accepted \_\_\_\_\_ Denied

Signature \_\_\_\_\_ Date: \_\_\_\_\_