

**Dr. Jonathan Hansel**

Chiropractic & Naturopathic Physician

**Dr. Kenneth Wecker**

Chiropractic Physician

23479 SE Stark Street

Gresham, OR 97030

Phone: 503 667 9300

Fax: 503 667 4975

I, \_\_\_\_\_, consent to Rinnovare Laser and Wellness Center to use and disclose my "Protected Health Information" for the purposes of providing treatment to me, relating to payment of services rendered to me and general healthcare operations purposes of Rinnovare Laser and Wellness Center. Healthcare operations purposes shall include, but not limited to, quality assessment activities, business management and other general operations activities. I understand that Rinnovare Laser and Wellness Center's diagnosis or treatment of me may be conditional upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction on the use and disclosure of my "Protected Health Information" for the purposes of treatment, payment or healthcare operations of Rinnovare Laser and Wellness Center. However, the restrictions must be agreed upon by Rinnovare Laser and Wellness Center. If the restrictions that I request are agreed upon, those restrictions are then binding on Rinnovare Laser and Wellness Center.

I acknowledge I have a right to review Rinnovare Laser and Wellness Center's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes my rights and the Practice's duties regarding the types of uses 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 a Physician or any other Rinnovare Laser and Wellness Center staff has acted in reliance on this consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient Signature