



Petition to White House and Members of Congress

Give Seniors the Medicare Coverage They Need and Deserve:
Full Access to and Reimbursement for Services Provided by Doctors of Chiropractic

Studies have shown that essential services provided by doctors of chiropractic (DCs) can help aging Americans live healthier and happier lives, yet every day our nation's seniors are being unjustly denied full access to Medicare covered services by doctors of chiropractic that could improve their quality of life. Why? Because the federal government continues to rely on an antiquated statute that discriminates against Medicare's chiropractic patients by not covering medically necessary and mandated services delivered by DCs. ***This needs to stop. Our aging population deserves the best health care this nation has to offer. I urge you to pass legislation to correct this inequity in Medicare.***

SIGN THE PETITION HERE (PLEASE PRINT CLEARLY):

Name (Printed):

Email:

Zip Code: State:

Name of Doctor of Chiropractic/Practice:

Patient Signature: _____

Patient Authorization to Use and Disclose Protected Health Information (PHI)

Because this form when completed may contain the name of the patient's doctor, it may be protected health information under federal HIPAA guidelines. Therefore if the doctor assists the patient with completing and sending this form to the National Medicare Equality Petition (NMEP), HIPAA requires that the patient sign this authorization and that a copy be retained in the patient record. The patient may also go directly to the NMEP web page at www.acatoday.org/equality and sign up online, in which case an authorization for release is not required.

I hereby authorize the above-named practice (the "practice") to use and disclose the following Protected Health Information ("PHI") on this form: Patient name, email address, and name of doctor of chiropractic. The above-described PHI will be released to the NMEP. The NMEP may use this PHI for the following purposes: to send you information about new developments in chiropractic and related health care issues, including monthly electronic newsletters and email alert bulletins regarding health care reform issues from the NMEP with links to allow you to contact your legislators regarding important chiropractic issues.

I understand and acknowledge that:

1. The practice will not receive financial or in-kind compensation in exchange for using or disclosing the health information described above.
2. This authorization is voluntary and I may refuse to agree to its terms without affecting any of my rights to receive health care at the practice.
3. This authorization may be revoked at any time by notifying the practice in writing to the attention "Privacy Officer."
4. The revocation of this authorization will not have any effect on disclosures occurring prior to the execution of any revocation.
5. The information used or disclosed pursuant to this authorization may be subject to being disclosed again by the recipient, the NMEP, and thus this information will no longer be protected by federal privacy regulations.
6. My health care and payment for my health care will not be affected if I do not sign this form.
7. I may see and copy the information described in this form, if I ask for it, and that I will get a copy of this form after I sign it.
8. This form was completely filled in before I signed it and I acknowledge that all of my questions were answered to my satisfaction, that I fully understand this authorization form, and have received an executed copy.
9. This authorization is valid as of the date I have signed below and shall remain valid for a period of one year.

Name of Individual (Printed) Signature of Individual Date

Doctors of Chiropractic: Make three copies of this form.

- Return one copy to the patient after signing.
- Place one copy in the patient's record.
- Return one copy to ACA via mail or fax:

National Medicare Equality Petition
1701 Clarendon Blvd, Suite 200, Arlington, VA 22209
FAX: 703-243-2593

