43059 Seven Mile Road · Northville, MI 48167 · 248.449.1630 · Fax 248.449.1558

Consent for Purpose of Treatment, Payment and Healthcare Operations

I acknowledge that HEALTH FOR LIFE CHIROPRACTIC'S "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review Health for Life Chiropractic Clinic's Notice of Privacy Practices prior to signing this document. Health for Life Chiropractic's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protects health care operations of Health for Life Chiropractic. The Notice of Privacy Practices for Health for Life Chiropractic is also provided on request at the main administration desk of this practice. The Notice of Privacy Practices also describes my rights and Health for Life Chiropractic's duties with respect to my protected health information.

Health for Life Chiropractic 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 and requesting a revised copy be sent in the mail or asking for one at the time of next appointment.

_____ _____

Signature of Patient or Personal Representative Date

_____

Name of Patient or Personal Representative

_____

Description of Personal Representative

_____

Name of Person(s) Authorized to Gain Access to Account Information