Consent for Purposes of Treatment, Payment And Healthcare Operations

I acknowledge that Marr Chiropractic's Notice of Privacy Practices has been provided to me.

I understand I have a right to review Marr Chiropractic's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Marr Chiropractic. The Notice of Privacy Practices for Marr Chiropractic is also provided on request at the main administration desk of this practice. This Notice of Privacy Practices also describes my rights and Marr Chiropractic's duties with respect to my protected health information.

Marr 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, ask for one at the time of my next appointment or accessing Marr Chiropractic's website (if applicable).

I have the right to revoke this consent, in writing, except to the extent that Marr Chiropractic has taken action in reliance on this consent.

Patient Acknowledgement

By subscribing my name below, I acknowledge receipt of a copy of this notice, and my understanding and my agreement to its terms.

_____ _____

Signature of Patient or Personal Representative Date

_____

Printed Name of Patient or Personal Representative

_____

Description of Personal Representative 's Authority