



HYLAND FAMILY CHIROPRACTIC

"Achieving Wellness Naturally"

240 S. Main Street, Monroe, OH 45050 513-360-2930

www.HylandFamilyChiro.com

Consent for Purpose of Treatment, Payment and Healthcare Operations

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

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

Hyland Family Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a reserved 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 my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority