

Purdy Chiropractic Clinic

Consent for Purposes of Treatment, Payment and Healthcare Operations

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

I understand I have a right to review Purdy Chiropractic Clinic'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 bills or in the performance of health care operations of Purdy Chiropractic Clinic. The Notice of Privacy Practices for Purdy Chiropractic Clinic is also provided on request at the main administration desk of this practice and on Purdy Chiropractic Clinics website at www.purdychiropractic.com. This notice of Privacy Practices also describes my rights and Purdy Chiropractic Clinic's duties with respect to my protected health information.

Purdy Chiropractic Clinic 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 assessing Purdy Chiropractic Clinics website, 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

37257 Mound Road, Suite C, Sterling Heights, MI 48310 (586) 264-7744