

Adkins Chiropractic Life Center
157 Keveling Drive
Saline Michigan 48176
Ronnie M. Adkins D.C.
Ph: 734 429 2410

Consent for Purposes of Treatment, Payment, and Health Care Operations

I acknowledge that Adkins Chiropractic Life Center's "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review Adkins Chiropractic Life Center's Notice of Privacy Practices prior to signing this document. Adkins Chiropractic Life Center's Notice of Privacy Practices has been provided to 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 bills or in the performance of health care operations of Adkins Chiropractic Life Center. The Notice of Privacy Practices for Adkins Chiropractic Life Center is also provided on request at the main administration desk of this practice and on Adkins Chiropractic Life Center's web site at www.adkinschiropractic.com This Notice of Privacy Practices also describes my rights and Adkins Chiropractic Life Center's duties with respect to my protected health information.

Adkins Chiropractic Life Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised practices by accessing Adkins Chiropractic Life Center's web site, 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