CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

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

I understand I have a right to review Burlington Family Chiropractic's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describe 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 above stated clinic.

The Notice of Privacy Practices for Burlington Family Chiropractic is also provided on request at the main administration desk of this practice. This Notice of Privacy Practices also describe my rights and Burlington Family Chiropractic's duties with respect to my protected health information.

Burlington Family Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practice. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or ask for one at the time of my next appointment.

I have the right to revoke this consent, in writing, except to the extent that Burlington Family 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

_____
Name of Patient or Personal Representative

_____
Description of Personal Representative's Authority

This office uses name boards to acknowledge a patient for referrals or being an exemplary patient. On occasion, nominal gifts are given to patients. Periodically, you will receive newsletters that highlight practice activities and information on products and services that will benefit your health. No other Protected Health Information would be used.

I agree _____ disagree _____ to the terms of the above statement.

Signature _____ Date _____