



PATIENT CONSENT

I hereby state that by signing this Consent, I acknowledge and agree as follows:

1. Active Chiro Center's (ACC) Privacy Notice has been provided to me. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information ("PHI") necessary for ACC to provide treatment to me, to obtain payment for said treatment and to administer or carry out services available to me in the future at my request. ACC has further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent and has encouraged me to read the Privacy Notice carefully before signing this Consent.
2. ACC reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with applicable law.
3. I understand that, and consent to, the following appointment reminders that may be used by ACC: a) a postcard mailed to me at the address provided by me; b) a telephone call or voicemail message at my home, work, mobile or other such number given by me; c) my email address provided by me.
4. ACC may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for ACC to treat me and obtain payment for that treatment, and as necessary for ACC to conduct its specific health care operations.
5. I understand that I have a right to request that ACC restrict how my PHI is used and/or disclosed to carry out treatment, payment and/or health care operations. However, ACC is not required to agree to any restrictions that I have requested. If ACC agrees to a requested restriction, then the restriction is binding on ACC.
6. I understand that this Consent is valid for seven years. I further understand that I have the right to revoke this Consent, in writing, at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that ACC has already taken action in reliance on this Consent.
7. I understand that if I revoke this Consent at any time, ACC has the right to refuse treatment.
8. I understand that if I refuse to sign this Consent evidencing my consent to the uses and disclosures described to me herein and contained in the Privacy Notice, then ACC will not be obligated to treat me.

I have read and understand the foregoing notice and all of my questions have been answered to my full satisfaction in a way that I understand.

FIRST NAME _____ LAST NAME _____

SIGNATURE _____

SIGNATURE OF LEGAL GUARDIAN OR REPRESENTATIVE _____

RELATIONSHIP _____

TODAY'S DATE _____