



Consent for Purposes of Treatment, Payment and Healthcare Operations

I acknowledge that Renata A. Kowal, DC, PC, doing business as Atlas Specific Chiropractic Clinic, Inc. (hereafter mentioned as “the Clinic”) “**Notice of Privacy Practices**” has been provided to me at my request.

I understand I have a right to review the clinic’s Notice of Privacy Practices prior to signing this document. The clinic’s Notice of Privacy Practice 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 my bills or in the performance of health care operations of the clinic. The Notice of Privacy practices for the clinic is provided on request at the main administration desk. This Notice of Privacy Practices describes my rights and the clinic’s duties with respect to my protected health information.

The Atlas Specific 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 calling the office and requesting a revised copy be sent in mail or asking for one at the time of my next appointment

Patient Name (printed)

Relationship to patient

Patient or legal Guardian Signature

Date

Witness Signature (office staff)

Date