



WENTZEL CHIROPRACTIC CENTRE

300 HIGH STREET MOUNT HOLLY, NEW JERSEY 08060 (609) 265-1717 FAX:(609) 265-1180

Wentzel Chiropractic Centre Patient Consent Form

By signing this form, you are granting consent to Wentzel Chiropractic Centre to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full. A copy is posted on the bulletin board or you may request a written copy from the front desk for you to keep.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our office at 609-265-1717.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

May we leave messages concerning appointments or insurance matters on your answering machine? Circle answer: Yes No

Other than my health carrier, I authorize the following person(s) to receive my protected health information:

- My Spouse
My attorney (attorney name)
Other

Also by signing below

Signature:

Date: