Whiteley Chiropractic Center Inc

(Name of Patient)	hereby states that by signing this Consent, I acknowledge and agree as follows:
The Privacy Notice for Whiteley Chiropractic Center Inc signing this consent and is located in the waiting room. description of the uses and/or disclosures of my protecte to provide treatment to me, and also necessary for WCC carry out its health care operations. WCCI explained to me at any time at my request. WCCI has further explain Notice prior to signing this Consent and has encouraged my signing this consent.	The Privacy Notice includes a complete ed health information (PHI) necessary for WCCI to obtain payment for that treatment and to me that the Privacy Notice will be available to ned the right to obtain a copy of the Privacy
I understand that if I revoke this Consent at any time, W	CCI has the right to refuse to treat me.
I understand that if I do not sign this Consent evidencing my consent to the uses and disclosures described to me and contained in the Privacy Notice, then WCCI will not treat me.	
I have read and understand the foregoing notice, and all satisfaction in a way I can understand.	I my questions have been answered to my
Name of Individual (Printed)	
Signature of Individual	
Date Signed	
Witness	