

## Whiteley Chiropractic Center Inc

\_\_\_\_\_. hereby states that by signing this Consent, I  
(Name of Patient) acknowledge and agree as follows:

The Privacy Notice for Whiteley Chiropractic Center Inc (WCCI) has been made available to me prior to signing this consent and is located in the waiting room. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information (PHI) necessary for WCCI to provide treatment to me, and also necessary for WCCI to obtain payment for that treatment and to carry out its health care operations. WCCI explained to me that the Privacy Notice will be available to me at any time at my request. WCCI has further explained the right to obtain a copy of the Privacy Notice prior to signing this Consent and has encouraged me to read the Privacy Notice carefully prior to my signing this consent.

I understand that if I revoke this Consent at any time, WCCI 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 my questions have been answered to my satisfaction in a way I can understand.

\_\_\_\_\_  
Name of Individual (Printed)

\_\_\_\_\_  
Signature of Individual

Date Signed \_\_\_\_\_

Witness \_\_\_\_\_