

# Inner Balance



Chiropractic and Wellness Center  
"Improving Health and Enriching Lives"

## Consent for Purpose of Treatment, Payment and Healthcare Operations

Please check the following to confirm your consent:

- I acknowledge that *Inner Balance Chiropractic and Wellness Center's* **Notice of Privacy Practices** has been provided to me.
- I understand I have a right to review *Inner Balance Chiropractic and Wellness Center's* **Notice of Privacy Practices** prior to signing this document. 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 *Inner Balance Chiropractic and Wellness Center*. The **Notice of Privacy Practices** for *Inner Balance Chiropractic and Wellness Center* is also provided on request at the main administration desk of this practice. This **Notice of Privacy Practices** also describes my rights and *Inner Balance Chiropractic and Wellness Center's* duties with respect to my protected health information.
- Inner Balance Chiropractic and Wellness Center* reserves the right to change the privacy practices 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 the mail or asking for one at the time of my next appointment.
- My signature also authorizes *Inner Balance Chiropractic and Wellness Center* to use my personal image or voice (or those of the patient listed below) in print and electronic documents or productions deemed appropriate by *Inner Balance Chiropractic and Wellness Center* for promotional, educational, and/or informational purposes. Your personal image will be used in a manner consistent with the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the use of this personal image, please contact *Inner Balance Chiropractic and Wellness Center* at 2600 Lincoln Avenue, St. Joseph, MI 49085, (269) 556-9654.
- Inner Balance Chiropractic and Wellness Center* also has permission to add my name to the in-house New Patient Welcome Board.

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Printed Name of Patient

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Signature of Patient or Personal Representative/Legal Guardian

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Date

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Printed Name of Personal Representative/Legal Guardian (if applicable)

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Description of Personal Representative/Legal Guardian's Authority (i.e. mother, father, etc.)

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Name of Person(s) Authorized to Gain Access to Account Information