
Consent for Purposes of Treatment, Payment and Healthcare Operations

I acknowledge that The Mediterranean Association, PLLC dba East Detroit Chiropractic Center (hereafter mentioned as the clinic) "Notice of Privacy Practices" has been provided to me.

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 Practices 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 also provided on request at the main administration desk of this practice and on the clinic's website at www.eastdetroitchiropractic.com. This Notice of Privacy Practices also describes my rights and the clinic's duties with respect to my protected health information.

The East Detroit Chiropractic Center 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 accessing the clinic's website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority