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Consent for Purpose of Treatment, Payment and Healthcare Operations

I acknowledge that The Nutritional Healing Center of Ann Arbor "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review The Nutritional Healing Center of Ann Arbor Notice of Privacy Practices prior to signing this document. The Nutritional Healing Center of Ann Arbor 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 Nutritional Healing Center of Ann Arbor. The Notice of Privacy Practices for The Nutritional Healing Center of Ann Arbor is also provided on request at the main administration desk of this practice and on The Nutritional Healing Center of Ann Arbor website at www.TheNutritionalHealingCenter.com This Notice of Privacy Practices also describes my rights and The Nutritional Healing Center of Ann Arbor duties with respect to my protected health information.

The Nutritional Healing Center of Ann Arbor 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 Nutritional Healing Center of Ann Arbor 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.

I am giving The Nutritional Healing Center my permission to leave a message confirming my appointment dates at the phone number that I provided to the center.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority