

Sell Chiropractic, P.C.

1143 First Street

Huntington, IN 46750

Phone: 260-356-6666

Fax: 260-356-6449

Please answer the following in regard to Patient Privacy

May we call to remind you of scheduled appointments? Yes _____ No _____

If unavailable, may we leave a message on your answering machine? Yes _____ No _____

Do you prefer to be called at work? Yes _____ No _____

May we contact you about health related meeting, workshops, and products?

Yes _____ No _____

May we email this information to you? Yes _____ No _____

Who besides yourself should have access to your information?

Please list their names:

Name (printed)

Signature

Date

You may revoke this authorization at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system to be completed.