

**Atiyeh Chiropractic and  
Wellness Center**

247 N. Main St.  
Plymouth, MI 48170  
Ph: 734-455-2145

**CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND  
HEALTHCARE OPERATIONS**

I acknowledge that Atiyeh Chiropractic and Wellness Center Notice of Privacy Practices has been provided to me.

I understand I have a right to review Atiyeh Chiropractic and Wellness Center 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 Atiyeh Chiropractic. The Notice of Privacy Practices for Atiyeh Chiropractic and Wellness Center is also provided, on request, at the main desk of this practice and on Atiyeh Chiropractic and Wellness Center website at [www.atiyeh.educateforhealth.com](http://www.atiyeh.educateforhealth.com). This Notice of Privacy Practices also describes my rights and Atiyeh Chiropractic and Wellness Center duties with respect to my protected health information.

Atiyeh Chiropractic and Wellness Center reserves the right to change the privacy practices that are described in Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing Atiyeh Chiropractic and Wellness Center website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next visit.

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Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority