Active Life Chiropractic

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York, Pennsylvania 17402
Phone: (717) 751-0500 FAX: (717) 814-5407

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Camp Hill, PA 17011
Phone: (717) 737-3443

Patient Name:_____ **DOB:**____/____/____

CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION
HIPAA NOTICE OF PRIVACY PRACTICES

I, the undersigned, have read the *HIPAA Notice of Privacy Practices* policy of Active Life Chiropractic and agree to its terms. I am also acknowledging that I have been offered a copy of this notice, and have received a copy upon my request.

_____ _____
Patient Signature Date

_____
Parent/Guardian Signature (if patient is under 18 years of age)