

Whole Life Center for Health, Ltd.
Maria Aumick, D.C.
600 North Hunter Highway · Drums, PA 18222
Phone: 570-788-4484 · Fax: 570-788-4413

INFORMED CONSENT

I, _____, hereby state that by signing this Consent, I acknowledge and agree as follow:

I authorize any and all professional associates of Whole Life Center for Health to view my records as needed for my health care.

I authorize the use of this form as a release of records to my insurance company(s) and/or legal representation. This authorization includes the disclosure of my medical history, findings, consultations, chiropractic care, x-rays, reports, chiropractic analysis and chiropractic prognosis.

I understand that I am responsible for my bill upon the date of service unless previous arrangements have been agreed upon.

I understand and agree that any insurance payments made directly to Whole Life Center for Health or any of its associates due to accidental injury or other related circumstances will be placed directly into my account for services rendered.

I understand that, and give consent to, the following appointment reminders that may be used: a postcard being mailed to me at the address I have provided and/or a telephone message being left either directly with me, on my answering machine or voice mail, or with the individual answering the telephone.

I understand that other practice members will view my signature on a sign-in sheet.

I understand that if I revoke this consent at any time, I can be refused care at Whole Life Center for Health, Ltd.

I permit a copy of this authorization may be accepted with the same force and authority as the original.

Name of Individual (PRINTED)

Date

Signature of Individual or Legal Guardian

Relationship

Signature of Witness

Date Witnessed