

HIPAA HAPPENINGS

ULTIMA CHIROPRACTIC – 600 Winters Avenue, Paramus, NJ 07675
201.634.8755

Patient Authorization for contact regarding chiropractic care, related health services and/or related health products

It is our desire to for our staff to use your name, address and/or telephone number for the purpose of contacting you to advise you about health related meetings, workshops, and products.

The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care.

If you choose not to authorize this information use your decision will have no adverse effect on your care from _____ or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Name (printed) Signature Date

This authorization may be revoked by you 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.