

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 _____ Leave message? _____

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

Yes _____ No _____

Your signature indicates your authorization.

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.