



Active Health Chiropractic & Therapy
4100 Duval Rd Bldg 4, Suite 203
Austin, Texas 78759
(512) 833-7700

Acknowledgement of Notice

I acknowledge that the Notice of Privacy Practices for Active Health Chiropractic & Therapy has been made available to me. I understand that I have the right to review the Notice prior to signing this document. The Notice describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, and/or the performance of healthcare operations at Active Health Chiropractic & Therapy.

Active Health Chiropractic & Therapy reserves the right to change the privacy practices that are described in the Notice. I understand that I may obtain a revised notice by calling and requesting a copy by mail, or by picking one up at the office.

Name of patient or patient representative

Signature of patient or patient representative

Date

Cancellation Policy

It is our office policy that patients give 24 hours notice of a change or cancellation of an appointment. If notice is not given there may be a \$25 missed appointment fee. Please understand that when you have an appointment, that time with the doctor and/or therapist is specifically set aside for you.

Signature

Date