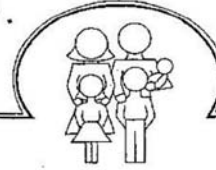


KETTERING CHIROPRACTIC CENTER

DOUGLAS C. SACKSTEDER, D.C.



Complete Chiropractic Health Care For Adults & Children

Consent for Purpose of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Kettering Chiropractic Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare to conduct healthcare operations of Kettering Chiropractic Center. I understand that diagnostic treatment of me by Kettering Chiropractic Center may be conditioned upon my consent as evident by signature on this document.

I understand I have the right to request a restriction as to how my protected health information is disclosed to carry out treatment, payment or healthcare operations of the practice. Kettering Chiropractic Center is not required to agree to the restrictions that I may request. However, if Kettering Chiropractic Center agrees to a restriction that I request, the restriction is binding on Kettering Chiropractic Center.

I have the right to revoke this consent, in writing, at any time, except to the extent that Kettering Chiropractic Center has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information collected from me and created or received by my physician, another healthcare provider, or my employer or a healthcare clearinghouse. This protected health information relates to current or future physical or mental health conditions and identifies me, or there is a reasonable chance the information may identify me.

I understand I have the right to review Kettering Chiropractic Center's Notice of Privacy Practice signing this document. The Kettering Chiropractic Center's Notice of Privacy Practice has been provided to me. The Notice of Privacy Practice describes the types of uses and disclosures of protected health information that will occur in my treatment, payment of my bills or in the healthcare operations of the Kettering Chiropractic Center. The Notice of Privacy Practice of Kettering Chiropractic Center is provided in office. The Notice of Privacy Practice also describes my rights and the Kettering Chiropractic Center's duty to protect my health information.

Kettering Chiropractic Center reserves the right to change the privacy practices that are the Notice of Privacy Practice. I may obtain a revised Notice of Privacy Practice by calling the office and requesting a revised copy sent or by asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

3817 Wilmington Pike

Dayton, Ohio 45429

937-298-5987