

AUTHORIZATION OF ACKNOWLEDGEMENT (AOA)

HIPPA

And

Addition to our 2019 HIPPA Notifications

I give permission to New Life Chiropractic to contact me, relative to appointment reminders by the following methods:

Text Messages to # \_\_\_\_\_

Phone Messages to # \_\_\_\_\_

Undersigned acknowledges our HIPPA policies and agrees to our office terms of such.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

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