

HEALTH CONSENT FORM

We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR THE COST OF OUR SERVICES

The fee for all services is posted at the front desk. If you have any questions or concerns, please notify us.

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with Chiropractic / Massage goods and services, Nottingham Family Wellness Centre will collect some personal information about me (e.g., home telephone number, address, birth date etc.).

I have reviewed Nottingham Family Wellness Centre’s Privacy Policy about the collection, use and disclosure of personal information. I understand how the Privacy Policy applies to me. I have been given the chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand that unless I indicate otherwise, I may receive the following:

- Notice when it is time to review whether I need new goods or services.
- Newsletters and other informational mailings from Nottingham Family Wellness Centre.
- Notice of promotions and special offers from Nottingham Family Wellness Centre.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Nottingham Family Wellness Centre collecting, using and disclosing personal information about me as set out in their Privacy Policy.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

NOTES MADE BY NOTTINGHILL FAMILY WELLNESS CENTRE
