

WARWICK VALLEY CHIROPRACTORS
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Dr. Nelleke Greendyk
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Chiropractic and Natural Health Care ... A Better Way to Optimal Health

PRIVACY POLICY

In our efforts to insure your privacy as a patient in our office, we would like you to read this attached privacy notice, then sign below stating that you have done so. Please also read the following request for authorization for various information use in our office and then sign if this is agreeable to you.

It is our desire for our staff to use your name, address and/or telephone number and or email for the purpose of contacting you to remind you about scheduled appointments, re-evaluations or other appointment related issues, as well as to advise you about health related meetings, workshops and products.

In addition, in the case that your Insurance Company is billed, your personal and health information may need to be shared with the Insurance Company to determine your eligibility for compensation.

The use of the information is intended to make your experience with our office more productive, and to further enhance your access to quality healthcare.

Your signature below indicates your authorization of these activities.

Print Name

Signature

Date

This authorization may be revoked by you 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 is our system to be completed.

Please also sign below to confirm you've read the privacy notice.

Print Name

Signature

Date