



Chiropractic First

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www.chiropractic1st.com

Acknowledgement of Receipt of Notice of Privacy Practice & Consent to Care:

I have been presented with a copy of the Notice of Privacy Practices for Chiropractic First detailing how my information may be used and disclosed as permitted under federal and state law. I have read or have had it read to me. I understand that I may have a copy of the Notice to take with me and that it is also available at www.chiropractic1st.com.

I have been presented with a copy of the Consent to Care for Chiropractic First. I have read or have had it read to me. I have also had an opportunity to ask questions about its content, and by signing below I agree to the procedures. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

In order to accommodate my Blue Cross/Blue Shield coverage, I agree to provide credit card details. When Chiropractic First receives payment information, I will receive a call or email notifying me of the balance due. Unless otherwise requested, I authorize Chiropractic First to charge the full amount due within 24 hours of notification.

Patient Name: _____

Signature of Patient or Parent/Guardian

Date