



Your Personal Privacy is Very Important to Us!

In this day and age, it is unfortunately very easy for people to have their personal and private information shared without their knowledge or consent. Because your privacy is so important to us, we have taken steps to ensure that we will never share your personal or private information with anyone except to assist you in getting reimbursed from a third party or in helping you keep on track with your schedule of care and in moving progressively toward the results you desire and deserve.

We may only disclose any information about you in the following ways:

- To another health-care provider, hospital or facility if they request it in order to assist them in caring for you. This request must also be accompanied by a consent form signed by you.
- To an insurance carrier, HMO or employer if they are possibly responsible for payment or reimbursement of services. This request must also be accompanied by a consent form signed by you.
- We may ask your permission to use you as a success story to help others see the value of care in our center. Your signature on this form will authorize Inspire Life the public use of your personal story including but not limited to social media, pictures, videos, website usage, and in-office testimonials.
- If you are not available to receive an appointment reminder, a message may be left on your answering machine or with a person in your household or at work. We may also send you a reminder by email and/or text.
- We reserve the right to alter/amend the terms of this privacy notice. If changes are made to our privacy policies, we will send you a notice by email and post the policy changes in our center where they are easily visible for all of our practice members to view.
- If you have a complaint regarding any aspect of our privacy policies, or if you would like further information about them, please contact Dr. Mel.

My signature acknowledges that I have read this notice, I understand it, and I hereby agree to comply with the policies as explained here.

New Member's Name (please print) _____

Signature: _____ Date: _____

Parent/Guardian Name (if under 18) _____

Parent/Guardian Signature: _____ Date: _____