



**AUTHORIZATION OF ACKNOWLEDGEMENT (AOA)  
HIPPA  
Addition to our 2018 HIPPA Notifications**

I give permission to Anthony Wayne Community Chiropractic to contact me, relative to appointment reminders by the following methods:

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

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

Email Address to \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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