South Hill Chiropractic
Notice of Privacy Practices Acknowledgement

609 39th Ave. SW · Puyallup, WA 98373 · 253.848.6626 · fax 253.848.6937

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that care/treatment directly and indirectly.
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications.
- **Have my name on office Referral Appreciation Board** **Yes____** **No____**

I have received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out care/treatment, payment, or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name:______________________________

Relationship to Patient:______________________________

Signature:______________________________

Date:______________________________

_____ I choose not to keep notice of privacy for my files.
Initials

I prefer to be contacted by

__ Phone______________________________

__ Email______________________________

__ Mail(*address*)______________________________

__ Text(*# and carrier*)______________________________

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices acknowledgment, but was unable to do so as documented below:

Date:______________ Initials:______________

Reason:______________________________

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