Waterbury Chiropractic Wellness

NOTICE OF PRIVACY PRACTICE SUMMARY - ACKNOWLEDGEMENT

The **Health Insurance Portability and Accountability Act (HIPAA)** require us to give you a notice of our privacy practices and to acknowledge your receipt of this notice.

What is the NOTICE OF PRIVACY ACT PRACTICES?

The NOTICE OF PRIVACY PRACTIES explains how your health information may be used and or disclosed by us. In addition, it explains your rights with regard to your protected health information, as well as our legal responsibilities.

I have been provided with a copy of **the Notice of Privacy Practices Summary:** Initial _____

May we share your medical information with others listed below to appropriately care for you?

☐ YES ☐ NO Spouse Name: _____

☐ YES ☐ NO Partner Name: _____

☐ YES ☐ NO Childs Name: _____

☐ YES ☐ NO Childs Name: _____

☐ YES ☐ NO Other Name: _____

Relationship: _____

☐ YES ☐ NO Other Name: _____

Relationship: _____

May we leave appointment information on voice mail? Home # ☐ YES ☐ NO Cell # ☐ YES ☐ NO

May we leave DETAILED medical information on voice mail?
Home Voice ☐ YES ☐ NO Cell Voice ☐ YES ☐ NO

May we leave a text message which may contain DETAILED information on your cell phone? ☐ YES ☐ NO

Patient Name: _____ Email: _____

Patient Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Patient Signature: _____ Date: _____

Office Use Only: Staff Signature: _____ *Date entered in patient chart:* _____

This form will be retained in your health record at: Waterbury Chiropractic Wellness