

Elliott Chiropractic

1 S. Seneca Ave., Suite A. Newcastle, WY 82701 (307) 746-9200

Notice of Privacy Practices Acknowledgment

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have rights 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 treatment directly and indirectly.
- Obtain payment from third party payers (insurance, Medicare)
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have either received or waved the receipt of your *Notice of Privacy Practices* listing uses and disclosures of my health information. I understand that Elliott Chiropractic has the right to change its *Notice of Privacy Practices* as deemed necessary and that I may contact this office at any time in the future to obtain current copy.

I understand that I may request in writing that you restrict how my private information is used or disclosed to conduct treatment, payment or healthcare operations. I understand 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 (if not self) _____

Signature _____ Date _____