

SHIELDS CHIROPRACTIC CLINIC

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosure of their protected information. (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY)

<input type="checkbox"/> Home Telephone _____ <input type="checkbox"/> OK to leave message with detailed information <input type="checkbox"/> Leave message with call back number only	<input type="checkbox"/> Written Communication <input type="checkbox"/> OK to mail to my home address <input type="checkbox"/> OK to mail to my work/ office <input type="checkbox"/> OK to fax to _____
<input type="checkbox"/> Work Telephone _____ <input type="checkbox"/> OK to leave message with detailed information <input type="checkbox"/> Leave message with call back number only	<input type="checkbox"/> Cell Phone _____ <input type="checkbox"/> OK to leave message with detailed information <input type="checkbox"/> Leave message with call back number only

IS THERE ANOTHER PERSON(S) YOU WISH US TO SPEAK WITH ABOUT YOUR CASE

Spouse _____

Family Member _____

Patient Signature _____

Date _____

Print Name _____

Date of Birth _____

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Date of Birth _____

Signature _____ Date _____