Woods Chiropractic P.C.
8509 Westfield Blvd
Indianapolis, IN 46240 Ph: 317-257-3919

Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of Woods Chiropractic P.C.'s *Notice of Privacy Practices (NPP).* I also understand that this is practice has the right to change its *Notice of Privacy Practices* and that I may contact the practice at any time to obtain a current copy of the *Notice of Privacy Practices*.

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Patient Name (print) Patient's Date of Birth

____ __________________________

Patient Signature Date

If signed by a personal representative or legal guardian:

Name of personal representative: ___________________________________ _________________________
(Print) Date

Signature of personal representative: ____

Relationship to Patient: ______________________ Driver's License Number__________________ State _____

Signing the *NPP Acknowledgement* does not mean that you have agreed to any special uses or disclosures (sharing) of your health records. Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits. If you refuse to sing the acknowledgement, the provider must keep record of this fact.

OFFICE USE ONLY

We have made the following attempt to obtain the patient's signature acknowledging receipt of the *Notice of Privacy Practices*:

Attempt 1 Date Staff

- ☐ Individual refused to sign.
- ☐ Communication barriers prohibited obtaining the acknowledgement.
- ☐ An emergency prevented us from obtaining acknowledgement.
- ☐ Other: (Specify)

Attempt 2 Date Staff

- ☐ Individual refused to sign.
- ☐ Communication barriers prohibited obtaining the acknowledgement.
- ☐ An emergency prevented us from obtaining acknowledgement.
- ☐ Other: (Specify)

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PHI Use and Disclosure Authorization

If you wish to have your medical or billing information released to family members, you must fill out the information and sign below. We have permission to (please check all that apply):

- ☐ Leave messages on home phone or with household members about appointments and test results.
- ☐ Leave messages on work phone about appointments and test results.
- ☐ Leave messages on cell home phone about appointments and test results.
- ☐ Confirm appointments by phone or text.

This authorization is effective through (check one):

- ☐ ______/______/______
- ☐ NO EXPIRATION unless revoked or terminated by patient or the patient's personal representative.

I hereby authorize Woods Chiropractic P.C. disclosure of my individually identifiable health information to the individuals listed below:

1. ____ Relationship to Patient____________________

Authorization to:

- ☐ Disclose treatment plans and test results
- ☐ Billing information including statement balances
- ☐ Past and future appointments
- ☐ Receive phone messages and /or email regarding appointments or test results
- ☐ Other____

2. ____ Relationship to Patient____________________

Authorization to:

- ☐ Disclose treatment plans and test results
- ☐ Billing information including statement balances
- ☐ Past and future appointments
- ☐ Receive phone messages and /or email regarding appointments or test results
- ☐ Other____

I understand that I may revoke this authorization to disclose information at any time by notifying Woods Chiropractic P.C. in writing (*Termination of Disclosure Form* provided upon request). If I choose to do so, I am aware that my revocation will not affect any actions taken by the clinic until the termination request is received in writing and processed.

____
Patient Name (print) Patient's Date of Birth

____ ____________________________________
Patient Signature Date

____ ____________________________________
Signature of Personal Representative Date

Relationship to Patient:___________________________ Driver's License Number__________________________ State___

Revised 2/22