

Patient Acknowledgment Form

Patient Acknowledgement of Coopersburg Family Chiropractic's Privacy Practices

Patient: _____ DOB: ___/___/___

I understand that patient's health information is private and confidential. I understand that CFC works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that CFC may use and disclose my personal health information to help provide health care to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses or disclosures of the information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. (One example is if a patient threatened to hurt someone.)

CFC has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting my patient privacy. I understand that I have the right to read the "Notice" before signing this acknowledgment.

CFC may update this Acknowledgment and "Notice of Privacy Practices". If I ask, CFC will provide me with the most current "Notice of Privacy Practices".

Within this "Notice of Privacy Practices" is contained a complete description of my privacy/confidentiality rights. These rights included, but aren't limited to, access to my medical records; restriction on certain uses; receiving an accounting of disclosures as required by and requesting communication by specified methods of alternative location.

CFC has established procedures which help meet their obligation to me as a patient. These procedures may include other signature requirements, written acknowledgments and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist CFC by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".

My signature indicates that I have been given the chance to review the current copy of CFC's "Notice of Privacy Practices".

Patient or Legal guardian signature

Date

Relationship to patient if signed by anyone other than the patient