



HIPAA Notice of Privacy Practice and Consent /Written Acknowledgement

I understand that I have certain rights to privacy regarding my protected health insurance portability and accountability act of 1996 (HIPAA). I understand that by signing this consent I authorize Connect Chiropractic & Wellness to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment)
- Obtaining payment from third party payers (i.e. my insurance company)
- The day to day healthcare operation of the practice

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that Connect Chiropractic & Wellness reserves the right to change the terms of this notice from time to time and that I may contact them at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that Connect Chiropractic & Wellness is not required to agree to these requested restrictions. However, if Connect Chiropractic & Wellness does agree, they are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at anytime. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Patient's or Guardians Signature _____ Date _____

THIS SECTION IS TO BE COMPLETED BY CONNECT CHIROPRACTIC & WELLNESS IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above names patient, but was unable to because:

- Patient declined to sign the written acknowledgement
- Other (specify): _____

Name and Title of Employee _____ Date

Connect Chiropractic & Wellness, 3821 NE MLK Jr. Blvd, Portland, OR 97212