

Patient Acknowledgement of Privacy Practices

I, _____, understand Absolute Health Chiropractic, P.C. has operated in accordance with all rules and regulations stated in The Health Insurance Portability and Accountability Act since April 1, 2003. HIPAA has provided certain rights pertaining to privacy in regards to any protected health information.

I have read and understood the HIPAA Notice of Privacy Practices.

The document can be read in its entirety at
<http://www.ahchiropractic.com/links.htm>

Address of Patient:

Signature of Patient

Date

Name of Witness (Printed) _____

Signature of Witness

Date