

HIPAA Compliance Summary

Welcome to Larson Chiropractic, I am honored that you have chosen us for your health care needs. This practice is committed to maintaining the privacy of your protected health information (PHI), which includes information about your health condition and the care and treatment you will receive from our practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. If at any time you have a question about your health care, billing, or HIPAA compliancy; please feel free to ask Dr. Larson or the front staff personnel. A copy of the compliancy is located on our billboard. Here is a summarized version, but please ask the receptionist for your personal copy if you so desire.

I, _____ (print name) authorize Larson Chiropractic to use my name, SSN, ID number, date of birth, address, date(s) of service, and any other additional information for third party billing.

In certain situations we have had spouses, next of kin, and insurance companies request billing- statements, copies of records, and/or x-rays. Therefore, in accordance with HIPAA compliance, please list the names of those individuals you wish to have your records released to, on your behalf.

_____ / /

SIGNATURE (RESPONSIBLE PARTY) DATE

Please initial all methods of contact that applies to you in which you will allow our practice to perform:

- _____ Leave message with call back number only
- _____ Leave message with detailed information
- _____ Call work telephone with call back number only
- _____ Fax information upon request to number provided by myself
- _____ Mail information to my home address; i.e.: statements, promotions, postcards, thank you, etc.
- _____ Mail information to my work/office address; i.e.: same as above
- _____ Text messaging with option to opt out by replying STOP.

Thank you for taking the time to fill these forms out, I look forward to meeting and serving you. God Bless!