Larson Chiropractic, P.C.

676 Mullins Colony Drive Evans, GA 30809

Larson Chiropractic & Wellness, P.C.

1027 Lake Oconee Parkway Suite 700 Eatonton, GA 31024

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 the clinic's *Notice of Privacy Practices (NPP)*. I also understand that this 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*.

_____ _____

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 sign the acknowledgement, the provider must keep a 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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