

POINTE VILLAGE CHIROPRACTIC

Dr. Jeffrey A. Conn * 20742 Hall Rd. * Clinton Twp., MI 48038 * 586-468-4461

Notice of Privacy Practices

I acknowledge that Pointe Village Chiropractic's "Notice of Privacy Practices" has been provided to me.

I understand I have the right to review Pointe Village Chiropractic's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in performance of health care operations of Pointe Village Chiropractic.

The Notice of Privacy Practices for Pointe Village Chiropractic is also provided on request at the main administration desk of this practice. This Notice of Privacy Practices also describes my rights and Pointe Village chiropractic's duties with respect to my protected health information.

Pointe Village Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practice. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or ask for one at the time of my next appointment.

"Appointment reminders and private health information will be communicated to you only in the manners in which you have given specific written authorization and you have the option to opt out of any of those methods at any time by notifying our office. Email and standard SMS/text messaging are not confidential methods of communication and may be insecure."

I, hereby consent and state my preference to have my physician, Jeffrey A. Conn, D.C. and other staff at Pointe Village Chiropractic, communicate with me by email or standard SMS/text messaging, in addition to or to replace leaving phone messages, regarding various aspects of my health care, which may include, but shall not be limited to, test results, appointments, and billing. I understand that email and standard SMS/text messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and standard SMS/text messaging regarding my medical care might be intercepted and read by a third party.

I give my permission to leave appointment reminders and/or my private health information at the following: (please fill-in the ones you agree to):

Email: _____ appointment reminders my private health information

Cell Phone number: _____ appointment reminders my private health information

Data Provider: AT&T Verizon Metro PCS Cricket Nextel Sprint T-Mobile US Cellular
 Virgin Mobile Other: _____

How far in advance would you like your text reminder:

5 min, 10min 15 min 30min 45min 1 hour 2 hours 4 hours 1 day 2 days 1 week

I prefer not to receive e-mail or text at this time.

I have the right to revoke this consent, in writing, except to the extent that Pointe Village Chiropractic has taken action in reliance on this consent.

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge receipt of a copy of this notice, and my understanding and my agreement to its terms.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of personal representative's authority