

SpineCore Chiropractic  
Dr. Greg Kim, DC  
4300 Talbot Rd S. Suite 102  
Renton, WA 98055

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## ACKNOWLEDGEMENT OF PRIVACY RIGHTS

My signature confirms that I have been informed that I have rights to privacy regarding my protected health information, and I have been given the opportunity to review this office's NOTICE OF PRIVACY PRACTICES as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Obtain payment from third-party payers for my health care services.
- Conduct normal health care operations.
- Provide & coordinate treatment among health care providers who may be involved in my care.

I authorize the following person(s) to obtain my medical information (e.g. family members, partner, or emergency contact):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by patient:

\_\_\_\_\_

Patient Name (Printed)

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

If patient is a minor or physically or legally incapacitated, to be completed by patient's representative:

\_\_\_\_\_

Patient Name (Printed)

\_\_\_\_\_

Patient's Representative (Printed)

\_\_\_\_\_

Representative Signature

\_\_\_\_\_

Relationship or Authority of Patient's Representative

\_\_\_\_\_

Date

FOR OFFICE USE ONLY:

We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Rights due to the following Reason:

- Communication barriers
- Emergency situation
- The patient refused to sign
- Other \_\_\_\_\_