

Chiropractic Clinic of Three Forks

113 S. Main St., Suite A, PO Box 1307

Three Forks, MT 59752

(406) 285-6935

Notice of Privacy Practices Acknowledgement & Authorization

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 Chiropractic Clinic of Three Forks 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:

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.

Authorizations:

If you wish to have your medical or billing information released to family members you must fill out the information and sign below. I hereby authorize Chiropractic Clinic of Three Forks (CCTF) disclosure of my individually identifiable health information to the individuals listed. I understand I can revoke this authorization at any time with notice to CCTF.

1. Name Relationship to Patient

Authorization to:

- Disclose treatment plans and test results
Billing information including statement balances
Past and future Appointments
Receive phone messages and/or email regarding appointments or test results
Other

We have permission to (please check all that apply):

- Leave messages on home phone or with household members
Leave messages on work phone
Leave messages on cell phone
Confirm appointments by phone or text

This authorization is effective through (check one):

- NO EXPIRATION unless revoked or terminated by the patient or the patient's personal representative