

Complete Chiropractic & Bodyworks Therapies
2020 Hogback Rd. Suite 7
Ann Arbor, MI 48105
(734) 677-1900

NOTICE OF PRIVACY PRACTICES
Per HIPPA REGULATIONS

Consent for Purposes of Treatment, Payment and Healthcare Operations

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I acknowledge that Complete Chiropractic & Bodywork Therapies “Notice of Privacy Practices” has been provided to me.

I understand I have the right to review Complete Chiropractic & Bodywork Therapies Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of bills or in the performances of healthcare operations at Complete Chiropractic & Bodywork Therapies. The Notice of Privacy Practices is also provided on request at the main administration desk. This notice of Privacy Practices also describes my rights and Complete Chiropractic & Bodywork Therapies duties with respect to my protected health information.

Complete Chiropractic & Bodywork Therapies reserves the right to change the Privacy Practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of Privacy Practices by calling the office and requesting a revised copy to be sent via mail or may request a copy at the time of my next scheduled appointment.

Signature of Patient Representative or Patient Representative

Date

Name of Patient or Patient Representative

Description of Patient Representative’s Authority

Staff Witness

Date