

Notice of Privacy Practices Acknowledgement Nielsen Chiropractic Health Center

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 your Notice of Privacy Practices. 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 or Legal Guardian (print)

Date

Signature

I choose to decline receipt of my clinical summary after every visit. (These summaries include your medication, allergies and diagnosis. These are a lot of times blank because of the nature and frequency of chiropractic care.)

Office Use Only

We have made the following attempt to obtain the patient's signature acknowledging receipt of the Notice of Privacy Practices:

Date _____ Attempt _____

Staff Name _____

Patient Text Appointment Reminders

If you **do not** participate in our reminder system, and you do not show up for your appointment without calling to cancel or rescheduling, you may be subject to a \$25 no show fee. Keep in mind that there are a lot of people out there hurting and may have been denied an appointment due to a full schedule. If you do not call to cancel then we cannot offer that spot to someone else. Please be courteous and let us know if you are not going to make it.

I have read the above statements and take responsibility for my appointments scheduled.

I would like to receive text message reminders for my appointments.

My service provider for my cell phone is _____

Cell Phone Number : (_____) _____

Prior to my appointment, I would like to receive a text message:

5 minutes 10 minutes 15 minutes 30 minutes 45 minutes 1 hour 2 hours

4 hours the Day before (If your Cell phone provider is Pioneer, the reminder will be done the day before)

I would like to receive emails for my appointments.

My email address is _____

Prior to my appointment, I would like to receive an email:

5 minutes 10 minutes 15 minutes 30 minutes 45 minutes 1 hour 2 hours

4 hours the Day before

I would NOT like to receive text message reminders for my appointments and will remember them on my own.

Signature

Date