

## HIPAA Privacy Policy

With my signature below, I give consent for Serendipity Chiropractic to use and/or disclose information about me (or someone else for whom I have the legal authority to sign) that is protected under federal privacy law for the sole purpose of treatment, payment, and health care operations. I have reviewed the Privacy Policy of this Practice before signing this consent. The Privacy Policy may be amended from time to time, and I may always obtain a copy of the current policy without charge, simply by asking for one.

- I have the right to request restriction (in writing) on how my information is used and/or disclosed in order to execute treatment, payment, or healthcare operations. Serendipity Chiropractic is bound to honor and abide by any such restrictions to which it has agreed.
- I have the right to revoke this consent (in writing). Revocations will be honored from the time written and delivered to the Serendipity Chiropractic office, but revocation can't affect any action already taken in reliance upon the consent given.
- I realize that my personal information that is protected by federal privacy law may be used and/or disclosed with my consent, and that the information may be subject to re-disclosure by the recipient. The re-disclosure by said recipient may not be protected by federal privacy law.

Serendipity Chiropractic may communicate confidential information to me, including any invoices for services, at the following address/phone number/fax number/email address:

Serendipity Chiropractic may communicate confidential information about me to the following individuals:

I have read, or have had read to me, the above consents. I also have had the opportunity to ask questions about their content, and by signing below, I agree to the above-named procedures. I intend this consent form to cover the entire course of my treatment for my present condition and for any future condition(s) for which I request treatment. I further permit copies of this authorization to be used in place of the original.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date