

PATIENT HIPPA AWARENESS

The Physician has provided me with a copy of it Notice of Privacy Practices that describes how the Clinic will use and disclose my health information.

With my permission, Catania Chiropractic PC may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Catania Chiropractic PC may call my home or designated locations and leave a message on voice mail, an answering machine, or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care. Catania Chiropractic PC may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and patient statement/ bills. By signing this, I am allowing Catania Chiropractic PC to use and disclose my PHI for TPO.

My signature below also constitutes my acknowledgment that I have been provided with a copy of the Notice of Privacy Practices.

Signature of Patient or Legal Guardian _____

Printed Patient Name _____

Date _____