

**HIPAA Acknowledgement of Receipt of Goldberg Chiropractic's Notice of Privacy Practices**

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq. and regulations there under, as amended from time to time (collectively referred to as "HIPAA"). This authorization affects your rights in the privacy of your personal healthcare information.

By signing this authorization, you acknowledge and agree that Goldberg Chiropractic ("Practice") or its Business Associates may use or disclose your Protective Health Information (PHI) for the purpose of providing treatment, for purposes of relating to the payment of services rendered, and for the Practice's healthcare operations purposes.

Further, by signing this authorization, you acknowledge that you have been provided a copy of and have read and understand Goldberg Chiropractic's Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While Goldberg Chiropractic has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available and can be received by sending a written request with return address to the center where you were seen.

By signing below, you are acknowledging that you have received, reviewed, understand and agree to the Notice of Privacy Practices of Goldberg Chiropractic, which describes the Practice's policies and procedures regarding the use and disclosure of any of your Personal Health Information created, received, or maintained by the Practice.

**Acknowledged and agreed to by:**

**Patient**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**OR, ON BEHALF OF PATIENT**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_