

SNOHOMISH CHIROPRACTIC & NUTRITION

1405 Avenue D

Snohomish, WA 98208

360-863-3949

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES (HIPPA)

I acknowledge that I have been provided a readable copy of the Notice of Privacy Practices (HIPPA):

- It tells me how Snohomish Chiropractic & Nutrition will use my health information for the purposes of my treatment, payment for my treatment and health care operations.
- The notice explains in more detail how Snohomish Chiropractic & Nutrition may use and share my health information for other than treatment, payment and health care operations.
- Snohomish Chiropractic & Nutrition will also use and share my health information as required/permitted by law.

It tells me that I can go to snohochiro.com to print out a copy or I can request it to be e-mailed to me or I can request a paper copy of the Notice of Privacy Practices.

Patient's Complete Legal Name: _____

Patient's DOB: _____ Date: _____

Signature: _____

(Patient or legal representative*)

*May be requested to show proof of representative status