

Lifestyle Chiropractic

FEDERAL PRIVACY POLICY Acknowledgement and Agreement

It is the policy of this Practice to protect and maintain the confidentiality of protected health information ("PHI") by complying with the HIPAA Privacy Rules and all other applicable federal and state laws ("Applicable Laws"). It is also the policy of this Practice to respect Patients rights with respect to their PHI which includes, but is not limited to, their right of access to their PHI.

Definition of PHI

Individually identifiable protected health information is any information, whether oral or recorded, in any form or medium, that:

1. is created or received by the Practice;
2. relates to the past, present or future physical or mental health or condition of a Patient, or relates to the provision of health care to the Patient, or relates to the past, present or future payment for the provision of health care to the Patient; and
3. identifies the Patient, or with respect to which there is a reasonable basis to believe the information can be used to identify the Patient.

This practice has posted a copy of the "Privacy Notice To Patients" on its reception room bulletin board for your education and understanding. If you have any questions or concerns please contact the practice's Privacy Officer.

I acknowledge that I have received a copy of the Practice's Privacy Notice that has an effective date of April 14,2003 and that I agree to all the terms and conditions.

Name of Individual (Printed)

Signature of Individual

Date Signed ____ / ____ / ____