

Auburn Chiropractic Clinic

HIPAA

Patient Notice of Privacy Practices

Auburn Chiropractic Clinic strives to maintain the strictest confidentiality of your medical and financial information. Our employees are all aware that this information belongs to you and you have the right to decide how it is used in most instances. At this time you may request to view or receive a copy of our HIPAA policy.

To better serve you, we need you to sign and date this form acknowledging that you have read this notice and that an opportunity to review or receive a copy of our HIPAA policy has been made available to you upon request.

Patient Name (*Please Print*)

Patient Signature

Date

Staff Signature