

Hendrickson Chiropractic and Health Center

508 N. Main Newton, KS. 67114 ~316-283-6363~

**Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and
Consent for Use of Health Information:**

Name: _____

Date: _____

Print Patient's Name

The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices Pursuant to HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual is available upon request.

The undersign does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

Dated this _____ day of _____, 20__

By _____

Patient's Signature

If Patient is a minor or under a guardianship order as defined by State law:

By: _____

Signature of Parent/Guardian (circle one)

Appointment Text Reminders: Phone # _____

Appointment Email Reminders: Email _____

Statement via Email _____