

ABA Family Chiropractic Holistic Health Center

2439 N. Reynolds Rd, Toledo, OH 43615
Phone: (419) 535-7818 Fax: (419) 535-7220

USES AND DISCLOSURE OF PHI TO THE PATIENT

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of home.

I authorize to be contacted for test results and medical disclosures in the following manner(s):

Home ___ OK to leave message with details ___ Leave message with callback number only
 ___ Send to my home address _____
 ___ Email me at _____

Work ___ OK to leave message with details ___ Leave message with callback number only
 ___ Send to my work address _____
 ___ Email me at _____

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I permit ABA Family Chiropractic Holistic Health Center to discuss my PHI with, and to disclose my PHI to, the following individuals: (you MUST specify a name – NOT "yes" or "no")

Spouse _____ Adult Children _____
Attorney _____ Other _____

Further Instructions _____

I have read the Notice of Privacy Practices provided to me by ABA Family Chiropractic Holistic Health Center and I have been given the opportunity to discuss these privacy practices. I understand the ABA Family Chiropractic Holistic Health Center may, at its discretion, change the terms and conditions of this Notice. Any questions I may have had have been answered to my satisfaction. I understand the content of the Notice of Privacy Practices and I have been provided with a copy of same upon request.

PRINTED NAME _____ SIGNATURE _____

DATE SIGNED _____ EMPLOYEE WITNESS _____

The NPP was provided to _____ however, he/she did not acknowledge receipt for the following reason(s):
_____ refused ___ did not understand STAFF SIGNATURE _____ DATE _____