



HIPPA AGREEMENT – PRIVACY LAWS

Signature on File, Assignment of Benefits, Privacy Policy Acknowledgement

Patient Name: _____

Due to recent federal law changes, the privacy of your medical information is strongly guarded and Advantage Chiropractic strives to uphold these guidelines for your protection.

1. Insurance: I request that payment of authorized Medicare or Medicaid or any private insurance benefits to be made on my behalf to Advantage Chiropractic for services furnished to me. I authorize any hold of medical information about me to release my medical information as needed to determine my benefits and pay my claims.
2. Release of Information: Advantage Chiropractic may disclose all or part of my medical record to any entity responsible for payment on my account, and to my primary healthcare provider for continued patient care.
3. Privacy Policy: Advantage Chiropractic cares about you and the privacy of the medical information you provide to us. It is our office policy to safeguard this information and to that end we will release only information absolutely necessary in order to obtain payment on your behalf, coordinate care with you primary doctor, to notify you of appointment status, or to notify you of any order you have placed with us. The official Privacy Act and its declarations are available for your review at any time.

Patient's Signature

Date