

Mind Over Matter Chiropractic & Wellness
38 Main St.
High Bridge, NJ 08829
Dr. Jeffrey R. Angstadt
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Mind Over Matter Chiropractic patient,

I have received a copy/have access to the Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to: Conduct, plan, and direct my treatment and follow-up among the healthcare providers who may be directly and indirectly involved in providing my treatment; Obtain payment from third party payors; Conduct normal healthcare operations such as quality assessments and accreditation.

Patient's Signature:

Patient's Printed Name:

Date: _____

***Patient refuses a hard copy of the Notice of Privacy Practices.

Patient Initials of refusal X_____