



**PRIVACY PRACTICES
ACKNOWLEDGMENT & AUTHORIZATION FORM**

_____ 1. Sign-in procedures: This is a means by which we can verify your presence in our office on any given day. While our standard process will allow for you to sign in electronically, occasionally we may need to utilize a manual sign in process. Please inform the front desk staff if you are not comfortable with this procedure and reasonable accommodations will be made for you, otherwise, we will assume that you are comfortable with this procedure.

_____ 2. Adjusting area: This practice utilizes an “open adjusting” area to perform routine chiropractic care. If at any point in your care you feel uncomfortable with this type of treatment, we will make reasonable accommodations in our private exam room for the provision of your care, or we may elect to provide an outside referral to best suite your needs. I am willing to be treated in an “open adjusting” environment.

_____ 3. Identity: I give this practice permission to refer to me on a named basis. I am aware that a number may be appointed to me if requested.

_____ 4. Notice of Privacy Practices: This practice has made available to me a copy of their Privacy Practices and has made available to me information on how my Protected Health Information (PHI) may be used and disclosed.

Signature

Date