

	BDY
	EML
	PGS
	INS TBR
	INS GDR
	SOAP

## Personal Information & HIPPA Statement of Privacy Rights

Given Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: (carefully print) \_\_\_\_\_ Cell # \_\_\_\_\_

Alias/ Nickname: \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Dependent Parent/Guardian attending appointment: \_\_\_\_\_

Primary/ Specialist/ Referral Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have MRI, X-Rays, reports, lab reports or other documentation available?: \_\_\_\_\_

Insurance: Out of Network PPO Payor/Plan: \_\_\_\_\_ # \_\_\_\_\_

- ☐ Provide your INSURANCE CARD with this form if using your benefits  
☐ Provide your DRIVER'S LICENCE CARD with this form, all patients

Special consideration (personal sensitivity/fear to treatment/care): \_\_\_\_\_

Who can we thank for your referral? How did you learn about us? \_\_\_\_\_

### **Acceptance of the Conditions and Scope of the Use of my Medical Information (HIPPA Compliance)**

I have received or reviewed the HIPPA Notice of Privacy Practice (NPP) for Chiropractic care and understand the situations in which SPINE SYNC may need to utilize or release my medical records. I also understand that I agreed to the use of those records when I initially applied for care at this office on my first visit. I understand that this office will properly maintain and distribute my records, and will use all due appropriate and legal means to protect my privacy as outlined in this Privacy Practices statement. I am entitled to receive (1) paper copy of the NPP upon request, or view it online: [www.spinesync.org/downloads](http://www.spinesync.org/downloads).

Signature: \_\_\_\_\_ on behalf of: \_\_\_\_\_  
 (self/parent/guardian) (minor/dependent)