



24007 Ventura Blvd. Suite 134 Calabasas, CA 91302

## HIPPA FORM

Recent changes have been made concerning California health laws which provide patients with a Right to Privacy Act. Due to these changes, we are in compliance as long as you understand our office Policies and Procedures.

\* We have patients sign in daily to know who has visited our office and if the insurance company wants proof we have your signature on that specific sign in sheet.

\* Visit to visit - a daily travel card will be on the reception counter for the doctor to sign and in full view of our reception area.

\* Examination room is private where we will perform confidential examinations, consultations and at patient's request may get adjusted in that room.

\* Most of our patients that visit our office - come as referrals of current patients. As a thank you we like to acknowledge those patients on a board that states "Thank you for referring patients to our office for the best of Chiropractic care. \_\_\_\_\_ Initials.

\* Any requests of information from attorneys or doctors concerning your healthcare, we will inform you before sending information. We will not send information without having a signed consent.

Your healing experience is one of trust between you and Dr. Brian Ross. Dr. Ross looks at your health and your health concerns in the highest regard. Your personal privacy will never be violated.

If you agree to how we practice in this office, please sign and date this form below and we will keep it in our file for authorities, if requested.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_