

## **Acknowledgement of receipt of notice and consent to use and disclose health information**

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I consent and authorize *Southpointe Chiropractic and Fitness* to use and disclose health information about me for treatment, payment, and health care operation purposes.

I give *Southpointe Chiropractic and Fitness* permission to treat me in an open room where other patients are also being treated. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak with the doctor at any time in private, the doctor will provide a room for these conversations.

I give permission to *Southpointe Chiropractic and Fitness* to use my address to contact me with birthday cards, holiday related cards and information about treatment alternatives or other health related information. *Southpointe Chiropractic and Fitness* values your privacy. *Southpointe Chiropractic and Fitness* will not forward or provide any confidential healthcare information to any third party without written permission.

### **Acknowledgement and consent**

**Notice of privacy practices:** *Southpointe Chiropractic and Fitness* has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

I have received the Notice of Privacy Practices for *Southpointe Chiropractic and Fitness*. *Southpointe Chiropractic and Fitness* is authorized to use and disclosure of my health information, payment and healthcare operations purposes consistent with its Notice of Privacy Practices.

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Signature of Patient( or patient's representative)

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Date