

## **PRIVACY NOTICE ACKNOWLEDGEMENT**

We are concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully because it outlines the use and limitations of the disclosure of your health information and rights as a patient. If you ever have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

I acknowledge that I have reviewed a copy of New England Family Chiropractic's notice of Privacy Practices for Protecting Health Information.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature

### **Referral Board and Testimonial Authorization**

I \_\_\_\_\_ authorize the use of my name or photo on a referral board or in testimonies that may be displayed in the office or for use in advertising. I understand that I may withdraw this authorization at any time.

\_\_\_\_\_  
signature