

Lux Chiropractic

Acknowledgment Form

Consent for Purpose of Treatment, Payment and Healthcare Operations

I acknowledge that Lux Chiropractic “Notice of Privacy Practices” has been provided to me.

I understand I have a right to review Lux Chiropractic’s Notice of Privacy Practices prior to signing this document. Lux Chiropractic’s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment or my bills or in the performance of health care operations of Lux Chiropractic. The Notice of Privacy Practices for Lux Chiropractic is also provided on request at the front desk of this practice. This Notice of Privacy Practices also describes my rights and Lux Chiropractic’s duties with respect to my protected health information.

Lux Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised copy by calling the office and requesting a revised copy to be given at the next appointment.

Signature Patient or Representative

Date