

*Montpelier Family Chiropractic*  
*16022 Newfound Hills Lane*  
*Montpelier, VA 23192*  
*804-883-3000*

**ACKNOWLEDGMENT OF PRIVACY PRACTICES**

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my health care services; and
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my medical provider's *Notice of Privacy Practices* containing a more complete description of the use and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my medical provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then are bound to abide by such restrictions.

Patient name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Date \_\_\_\_\_