

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
HIPAA DISCLOSURE AUTHORIZATIONS**

Practice Name: Healing Touch Chiropractic

Patient Name: _____ DOB: _____

Receipt of Notice of Privacy Practices

Initial ____ I acknowledge I have received or I have been provided the opportunity to receive a copy of Practice Name Notice of Privacy Practices that explains when, where and why my protected health information may be used or shared by Practice Name. I may obtain a current copy by contacting Practice Name Privacy/Security Official, or by visiting the Practice Name's web site at _____.

HIPAA Disclosure Authorization(s)

I authorize Practice Name to:

Initial ____ Contact me at the following number(s): _____

Initial ____ Leave a voice message with me at the following number(s): _____

Initial ____ Provide the following person(s) with my protected health information (i.e. emergency purposes, etc.):

Print Name: _____ Relationship to Patient/Phone number: _____

Print Name: _____ Relationship to Patient/Phone number: _____

I do not authorize Practice Name to:

Initial ____ Disclose my protected health information to anyone other than myself, except as permitted by HIPAA and as described in Practice Name Notice of Privacy Practices.

HIPAA Unencrypted Communication Authorizations

Electronic mail (email) and text messaging are common forms of communication and can be utilized to communicate with your physician and your care team. It is important for you to understand that unencrypted email and text messaging are not secure communications. This means there is a potential risk that messages containing your protected health information may be intercepted by a third party. Encryption is the process of making information unreadable, unless you have the password or key to decrypt the information. Practice Name does not encrypt text messages and we cannot guarantee that all email messages will be encrypted.

By initialing below and signing this authorization, I understand and accept the conditions outlined above. I authorize Practice Name to send unencrypted communications to the email address and/or phone number listed below.

I authorize Practice Name to:

Initial ____ Send email to the following address: _____

Initial ____ Send text messages to the following phone number: _____

I understand the HIPAA Disclosure Authorization(s) above may be revoked in writing at any time; however, the revocation will not affect disclosures of information previously authorized. I understand this authorization is valid while I continue to receive services from any Practice Name provider.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

Signature of Patient or Personal Representative Date

Print Name Relationship to Patient

For Practice Use Only: Complete this section if you are unable to obtain a signature.

If the Patient or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason: _____

Completed by: _____

Signature of Practice Representative Date

Nondiscrimination and Language Assistance Notice

Discrimination is Against the Law

Healing Touch Chiropractic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Healing Touch Chiropractic does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Healing Touch Chiropractic:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Dr. Poindexter at 269-979-7814.

If you believe that Healing Touch Chiropractic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Dr. Poindexter, P 269-979-7814 and F 269-979-7815, myhtchiro@yahoo.com, 4744 Beckley Road Battle Creek, MI 49015.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Dr. Poindexter is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
This notice is also available at myhtchiro.com

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost

Under the law, health care providers need to give **patients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 269-979-7814