## Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and Consent for Use of Health Information

Name		Date
I	Print Patient's Name	
office's Notice	of Privacy Practices P	rledge that he or she has received a copy of this tursuant To HIPAA and has been advised that a full nce Manual is available upon request.
consistent with	•	o the use of his or her health information in a manner Practices Pursuant to HIPAA, the HIPAA ederal Law.
Dated this	day of	, 20
ByPatient's	s Signature	
If patient is a m	inor or under a guardi	anship order as defined by State law:
BySignatur	re of Parent/Guardian	(circle one)
chiropractic office personal physician understand that I acknowledge that that if I suspend o	. I authorize the doctor s and other healthcare po am responsible for all co this may include any out or terminate my schedule	payment of insurance benefits directly to the chiropractor of to release all information necessary to communicate with roviders and payors and to secure the payment of benefits. Sosts of chiropractic care, regardless of insurance coverage. Itside radiology interpretation and reports. I also understance of care as determined by my treating doctor, any fees for eand payable.
Patient's Signatu	ıre:	Date:
Guardian's Signa	ture Authorizing Care:	
		Date:

## **Video and Photo Release Form**

I understand Absolute Chiropractic + Wellness will be taking photos and/or videos during office hours and special events and my name, likeness, image, and/or voice may be recorded or captured in a photo and may then be posted online.

- I grant Absolute Chiropractic + Wellness the right to use the pictures/videos without limitation. As well as the right to edit mix or duplicate and use or re-use the photos or video in whole or in parts as needed.
- I grant Absolute Chiropractic + Wellness the right to broadcast, exhibit, market and otherwise distribute, for any purpose Absolute Chiropractic + Wellness may determine. This grant includes the right to use it for promoting or publicizing.

Print name:	
Signature:	Date:
If under the age of 18, legal guardian must signamed above. I give my consent to the forego	n below. I certify that I am the legal guardian of ing on his or her behalf.
Print name:	
Signature:	Date: