

Redmond Ridge Chiropractic & Massage

23525 N.E. Novelty Hill Rd. #109

Redmond, WA 98053

425-868-0120

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES (HIPPA)

I acknowledge that I have been provided a readable copy of the Notice of Privacy Practices (HIPPA):

- It tells me how Redmond Ridge Chiropractic & Massage will use my health information for the purposes of my treatment, payment for my treatment and health care operations.
- The notice explains in more detail how Redmond Ridge Chiropractic & Massage may use and share my health information for other than treatment, payment and health care operations.
- Redmond Ridge Chiropractic & Massage will also use and share my health information as required/permitted by law.

It tells me that I can go to WWW.redmondridgechiropractic.com to print out a copy or I can request it to be e-mailed to me or I can request a paper copy of the Notice of Privacy Practices.

Patient's Complete Legal Name: _____

Patient's DOB: _____ Date: _____

Signature: _____

(Patient or legal representative*)

*May be requested to show proof of representative status