



800 North Church Street
Ste. B
Watertown, WI 53098
262-269-9453

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.
- Obtain payment from third-party payers. Conduct normal healthcare operations such as quality assessments and physician certifications.

I have reviewed a copy of this office's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that Schwartz Chiropractic and Wellness, Inc. restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Schwartz Chiropractic and Wellness, Inc. is not required to agree to my requested restrictions, except in the case of where the disclosure is to a health plan for purposes of carrying out payment, and the health care item or service for which you, or a person on your behalf, has paid our practice in full.

Patient Name: _____

Relationship to Patient (if under 18 years old): _____

Signature: _____

Date: _____