

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) policy for Kelley/McInay Chiropractic is available for viewing at the office. Because it is a “standard” HIPAA policy, you may sign this form in advance of your appointment.

I understand the Privacy Notice notice and understand my rights contained in the notice. By way of my signature, I provide Kelley/McInay Chiropractic with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

This notice is effective as of _____.

_____ Patient name	_____ Signature	_____ Date
_____ Guardian’s Signature (if patient is a minor)	_____ Relationship	_____ Date
_____ Witness Name	_____ Signature	_____ Date

Kelley/McInay Chiropractic
151 N. Sunrise Ave., #701 Roseville, CA 95661
(916) 786-5828