

Living Chi

HIPAA Acknowledgement and Appointment Reminders Form

I acknowledge that I have been provided access to the Living Chi "Notice of Privacy Practices". I understand that I have the right to review Living Chi's "Notice of Privacy Practices" prior to signing this document.

I understand that Living Chi and Complete Wellness staff members may need to contact me with appointment reminders or information related to my treatments. If this contact is to be made by phone, and I am not at home, a message will be left on my answering machine or with anyone who answers the phone. I also understand that I may be sent an automated appointment reminder by email.

Information stripped of any personal identifiers may also be used for research and educational purposes by the practitioners of Living Chi. By signing this form, I am giving Living Chi authorization to contact me with these reminders and to utilize my information for research and educational purposes.

Patient Name (print)

Date

Patient Signature

Living Chi Privacy Rep / Date

Authorization for Release of Health Information (Optional)

I, _____, hereby authorize Living Chi the use or disclosure of my individually identifiable health information to the party(s) described below. I understand this authorization is voluntary. I understand if the party(s) authorized to receive my information is/are not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Persons/Organizations authorize to receive information: (please print)

Patient's Signature

Date