

Complete Health & Chiropractic Center

301 Oxford Valley Road, Suite 1601A
Yardley, PA 19067
215-369-0320

Complete Health of Lawrenceville

136 Franklin Corner Road
Lawrenceville, NJ 08648
609-912-0440

**PATIENT ACKNOWLEDGEMENT AND RECEIPT OF
NOTICE OF PRIVACY PRACTICES PURSUANT TO HIPAA
AND CONSENT FOR USE OF HEALTH INFORMATION**

The undersigned does hereby acknowledge that he or she has received a copy of this office’s Notice of Privacy Practices Pursuant to HIPAA and has been advised that a full copy of this office’s HIPAA Compliance Manual is available upon request.

The undersigned does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State Law, and Federal Law.

Please use the area below to authorize any other parties who can access to your health information (including step-parents, grandparents, and any care takers who can have access to this patient’s records):

Name: _____

Relationship: _____

Name: _____

Relationship: _____

To be completed by the patient’s representative, if necessary (eg: if the patient is a minor, if the patient does not speak English, or if the patient is physically or mentally incapacitated)

Please PRINT name of Patient

Name of Legal Representative/Guardian

Signature of Patient

Signature of Legal Representative/Guardian

Date

Relationship to Patient

Please write any additional comments regarding Acknowledgements or Consents below: