

Patient Name: _____ Date: _____

HIPAA Privacy Notice

In our office, all health information is considered confidential and we are careful about how we use it:

- We may share your personal and health information for the purposes of: Billing your insurance, reporting to law officials, reporting victims of abuse, court hearings and filings, reporting to worker's compensation or personal injury cases.
- We will not share any of your personal or health information with your family members or other clinicians without your consent.
- You have the right to: request a copy of your health records, request a copy of this form, request a list of whom we share your health information with, ask us to limit the information we share, request confidential communications, and amend your protected health information.

I have read and fully understand the above statements.

Signature: _____

Financial Agreement

- We at King Chiropractic will make every effort to check your insurance and give you an accurate estimate of your deductibles/co-pays/co-insurances, but this is not a guarantee of coverage. You are responsible for any charges your insurance does not cover.
- Co-payments are due at the time of service.
- Payments of balances are due within 30 days of receiving the invoice. If you cannot pay the full amount, please call and we can arrange a payment plan.
- Accounts that are overdue more than 90 days may be sent to collections.

I have read and fully understand the above statements.

Signature: _____