



NAME: _____

Patient Acknowledgement & Receipt of Notice of Privacy Practices Pursuant to HIPAA & Consent for Use of Health Information

The undersigned does hereby acknowledge that he or she has received a copy of Sheets Chiropractic and Wellness' Notice of Privacy Practices Pursuant to HIPAA & 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 & Federal Law.

By _____ Date _____
Patient's Signature

If patient is a minor or under a guardianship order as defined by State Law:

By _____ Date _____
Signature of Parent/ Guardian

Pregnancy Waiver For Films

I hereby acknowledge that Dr. Katherine Sheets of Sheets Chiropractic and Wellness has informed me prior to having Radiographic Films of the advisability of risk & the probable consequences of receiving such procedures during pregnancy. I have stated on my own volition that I am not pregnant at this time & do hereby release & hold harmless from any legal action or responsibility caused by the use of this procedure.

By _____ Date _____
Signature of Patient or Authorized Representative

Refusal Waiver For Films (Do NOT want Films)

I hereby acknowledge that Dr. Katherine Sheets of Sheets Chiropractic and Wellness has informed of the risk & probable consequences of NOT receiving Radiographic Films. She has explained to me the reasons & need for such procedures. Notwithstanding these recommendations, I have decided on my own volition to refuse such films & do hereby release & hold harmless from any legal action or responsibility whatsoever for unfavorable or untoward results caused by my refusal to permit the use of this procedure or from any & all problems rising from subsequent treatments I will receive from Dr. Katherine Sheets & Sheets Chiropractic and Wellness.

By _____ Date _____
Signature of Patient or Authorized Representative

Witness _____ Date _____
Signature of Office Staff