

Spinós Family Chiropractic

Patient Intake & Consent Form

Section 1: Patient Information

Patient Name (Print)

Date of Birth

Address

Phone Number

Email Address

Date

Section 2: Acknowledgment of Notice of Privacy Practices

I acknowledge that I have received a copy of Spinós Family Chiropractic's Notice of Privacy Practices (NPP) pursuant to HIPAA, and have been advised that the full HIPAA Compliance Manual is available upon request. I consent to the use of my health information in a manner consistent with the NPP, the HIPAA Compliance Manual, and applicable State and Federal law.

A copy of our Notice of Privacy Practices is available at the front desk, online at spinofamilychiropractic.com, or upon request.

Patient Signature

Date

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

Signature of Parent / Guardian (circle one)

Date

Section 3: Appointment Reminder Preferences

Please indicate your preferred method(s) for receiving appointment reminders:

Telephone

Email

May we leave a message? Yes No

U.S. Mail

Mention appointment? Yes No

No reminders preferred

Text Message (standard rates may apply)

Timing preferences (optional): _____

You may update your reminder preferences at any time by submitting a written request.

Section 4: Fax & Printing Consent

To provide efficient care, we may need to communicate with you or other healthcare providers via fax or printed documents containing your protected health information (PHI). Please indicate your consent:

Fax Communication

- I CONSENT to Spinos Family Chiropractic sending my PHI via fax as needed for my care. I understand fax transmissions may not be entirely secure.
- I CONSENT only to the following fax number(s):
_____ I DO NOT CONSENT to fax transmission of my PHI.

Printed Documents

- I CONSENT to Spinos Family Chiropractic printing documents containing my PHI for healthcare-related purposes.
- I DO NOT CONSENT to printing of documents containing my PHI.

You may update your consent preferences at any time by submitting a written request.

Section 5: Patient Signature

By signing below, I confirm that I have read and understand all sections of this form, and that the information I have provided is accurate.

Patient / Guardian Signature (circle one)

Date

Printed Name

Relationship to Patient (if Guardian)

