

**Notice of Privacy Practices Acknowledgement
Nielsen Chiropractic Health Center**

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name or Legal Guardian (print)

Date

Signature

Office Use Only

<p>We have made the following attempt to obtain the patient's signature acknowledging receipt of the Notice of Privacy Practices:</p> <p>Date _____ Attempt _____</p> <p>Staff Name _____</p>

Patient Text Appointment Reminders

If you do not participate in our reminder system, and you do not show up for your appointment without calling to cancel or rescheduling, you may be subject to a \$25 no show fee. Keep in mind that there are a lot of people out there hurting and may have been denied an appointment due to a full schedule. If you do not call to cancel then we cannot offer that spot to someone else. Please be courteous and let us know if you are not going to make it.

If you receive the text and confirm and still do not show up for your appointment then you will be subject to a \$25 no show charge.

I have read the above statements and take responsibility for my appointments scheduled.

- I would like to receive text message reminders for my appointments.
- I would NOT like to receive text message reminders for my appointments and will remember them on my own.

Cell Phone Number : (_____) _____

Signature

Date