

MAURICIO CHIROPRACTIC WEST, LLC

Serving Central Florida Since 1987

DIEGO F. JATIVA, DC

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PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner

(Check all that apply):

Home Telephone _____

- O.K. to leave a message with a detailed information**
- Leave message with call-back number only**

Written Communication

- O.K. to mail to my home address**
- O.K. to mail to my work address**
- O.K. to fax to this number** _____

Work Telephone _____

- O.K. to leave message with detailed information
- Leave message with call-back number only

Other Telephone Number _____

Patient Name

Date

Patient Signature

Birth date

PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

By signing this form I acknowledge that Mauricio Chiropractic West, LLC has given me the opportunity to review or obtain the Notice of Privacy Practices.

Print Name: _____

(If you are a legal representative please print the patient's name and sign your name)

Signature: _____

Date: _____