

Sjogren Chiropractic Center Inc.

Dr. Daniel P. Sjogren D.C.

113 1/2 Main St.

Oxford, MA 01540

P(508) 499-3919, F(508) 499-3726

To: _____

I hereby request and authorize you, your employees and agents to furnish to the person(s) listed below or anyone designated in writing by him/her/they, all records and reports, including X-rays and photostatic copies, abstracts or excerpts of all records and any other information he/she/they may request relating to any examination, treatment or opinion concerning any condition that I may have had in the past, now have, or may have in the future. This notice is effective as of the date below and expires seven years from the date I last received services in this office.

Please forward the reports and information requested to:

Sjogren Chiropractic Center

Dr. Daniel Sjogren

113 1/2 Main St.

Oxford, MA 01540

Patient/Guardian Signature

Date

Print Name

Notice of Privacy Acknowledgement

Sjogren Chiropractic Center Inc. is concerned with your personal and health care privacy. In order to stay in accordance with the Health Insurance Portability and Accountability Act (HIPPA), we are required to provide you with our privacy policies and procedures. It is your responsibility to read the document and become aware of your privacy rights and limitations regarding the disclosure of your health information. Please acknowledge below that you have received a written copy of Sjogren Chiropractic Center Inc.'s "Notice of Privacy Practices for Protected Health Information". If you have any questions regarding the use of your personal health information, please contact us and we would be happy to address your issues.

Patient/Guardian Signature

Date