DR. ALEX JANIS, PLLC
Janis Chiropractic
4803 S Old US Hwy 23
Brighton, MI 48114-8606
810 229 6390

Healthcare Operations

I acknowledge that Janis Chiropractic "Notice of Privacy Practices & Policies and Procedures Manual" will be provided to me upon my request. I may request the manual from any Janis Chiropractic personnel.

I understand I have the right to review Janis Chiropractic Notice of Privacy Practices prior to signing this document. The notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Chiropractic. This notice of Privacy Practices also describes my rights and Janis Chiropractic duties with respect to my protected health information.

Janis Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

_____ Date _____
Signature of Patient or Personal Representative

_____
Printed Name of Patient or Personal Representative

_____
Description of Personal Representative's Authority
Such as legal guardian, durable power of attorney for health

OVER →

HIPAA PRIVACY STATEMENT

Patient Name: _____

Date of birth: _____

I authorize the following person(s) access to my medical and insurance (billing) information. This person also has my permission to schedule and cancel my appointments at Janis Chiropractic. This authorization allows for this to be done in person, by phone, electronically or by mail.

This authorization may be revoked at any time in writing, dated and signed by patient.

List Names Below (i.e. spouse, significant other, parents, children, etc).

Date signed:_____

Your Signature: _____

Relationship to patient:_____
(if not signed by patient)