HIPPA (Health Insurance Portability and Accountability Act)
Lamboy Family Chiropractic

HIPPA provides patients with reassurance that their information is private. We give you the right to put restrictions on your personal information. Please answer the following questions to allow us to provide you with the medical confidentiality you want and deserve.

1. I wish to be contacted in the following manner regarding appointment confirmations, insurance problems and/or test results: (please check all that apply)
   __Home Phone __Cell Phone __Work Phone

2. In regards to the question above, may we leave a message with the above information, either machine or with a person, even if the message may include a diagnosis or other medical information?
   __Yes, a message is fine __No, please do not leave messages
   __ Yes, but please do not leave a diagnosis

3. Please list below any family members or friends who you allow to have certain access to your protected health information.
   (I.e. calling our office to make and/or confirm an appointment for you, calling for results, picking up a prescription)
   Name_____ Relation_____
   Name_____ Relation_____
   Name_____ Relation_____

   Patient Name_____ Date_____
   Signature _____