City Lakes Chiropractic
2903 E 42nd Street Mpls, MN 55406
612-722-2147

ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.

Obtain payment from third-party payers.

Conduct normal health care operations such as quality assessments and accreditation.

_____

Patient

_____

Signature

_____

Date

Name: _____ **Date:** _____

General Allergies:

If yes, please circle accordingly:

Animals	Aspirin	Insects	Dairy
Dust	Latex	Mold	Eggs
Pollen	Rubber	Soaps	Shellfish

Other: _____

Current Medications:

_____

_____

Medication Allergies:

Please circle appropriate box below:

YES	NO

If yes, please list specific medication below:

_____

Race:

Please check appropriate box below:

American Indian	
Asian	
Black or African American	
Hispanic	
Patient Declined	
White	

Ethnicity:

Please check appropriate box below:

Hispanic or Latino	
Non-Hispanic or Latino	
Patient Declined	

Tobacco Use:

Please check appropriate box below:

Current Smokeless Tobacco Use	
Former Smokeless Tobacco Use	
Current Smoker	
Former Smoker	
Never Smoked	

If yes, please write frequency below:

_____

Other Required Info:

Weight		Blood Pressure	/
Height		Pulse	