

The Pain Relief Center
Stephen Dohoney D.C., DAAPM

OFFICE POLICY

* The treatment you receive has a specific frequency and duration that is known to be therapeutic for your condition. It is most important to keep all scheduled appointments and to be on time. Please notify us if you are unable to make any scheduled appointments. There will be no charge for any missed appointments.

PRIVACY NOTICE ACKNOWLEDGEMENT

* We are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the *Health Insurance Portability and Accountability Act of 1996* (HIPAA), we are required to supply a copy of our privacy policies and procedures. We have supplied a copy of this document on the front desk, as well as in the waiting room. We encourage you to read this document, for it outlines the use and limitations of the disclosure of your health information and your rights as a patient. If desired, we will provide you with an individual copy upon request. If you have any question or concerns in this regard, we would be happy to address them.

I acknowledge that I have read and understand The Pain Relief Center's Office Policy. I also acknowledge that a copy of Notice of Privacy Practices for Protected Health Information from The Pain Relief Center is available to me upon request.

Print Patient's Name

Patient Signature (or Parent/Guardian if under 18)

Witness by Staff Signature

Date

Date