DR. STEVEN D. LEHMANN
LEHMANN CHIROPRACTIC CENTER
231 WEST TIFFIN STREET
FOSTORIA, OHIO 44830
TEL: (419) 435-2900
FAX: (419) 435-2901

Terms of Acceptance/ Consent to Treat, HIPPA

Printed Patient Name: ___________________________________

The Practice

(a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Notice of Patient Privacy Policy detailing the Practice's legal duties and privacy practices with respect to your PHI.
(b) Adheres to Ohio law in those instances where Ohio law does not conflict with federal law.
(c) Is required to abide by the terms of this notice of Patient Privacy Policy.
(d) Reserves the right to change the terms of this notice of Patient Privacy Policy and to make the new Notice of Patient Privacy Policy provisions effective for all of your
PHI that it maintains.
(e) Will distribute, post and make you aware of any revised Notice of Patient Privacy Policy to you prior to implementation
(f) Will not retaliate against you for filing a complaint.

Communication: In the event that we would need to communicate your health information, to whom may we do so;

Spouse: ________________________ Child(ren)/Others: ____.

Contact person's phone/cellular number: ______________________________________.

Consent to Treat: I, ____________________________(parent's name) being the parent or legal guardian of

____________________(minor's name) hereby grant permission for ________________________ (minor's name) to receive chiropractic care with the office of Lehmann Chiropractic Center.

Effective Date: This Notice of Patient Privacy is effective January 1, 2019

PATIENT ACKNOWLEDGMENT

By subscribing my name below, I acknowledge receipt of a copy of this Notice of Patient Privacy Policy and my understanding and my agreement to its terms.

Patient Signature ____ Date ___________________________

**May we leave messages regarding your personal health care information on any answering device, including home answering machines and cell phone voicemails? __________yes ___________no