COR Spine and Pain Center
6255 Sharlands Avenue • Reno, Nevada 89523
Office: (775)248-1267 Fax: (775)305-1267
Email: contact@corspine.com Website: www.corspine.com

HIPAA ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can be and will be used to:

- Conduct, plan and direct my treatment and follow up care among the multiple healthcare providers who may be involved in the treatment directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

A complete disclosure of the Notice of Privacy Practices was offered to me.

Please list the family members or other person, if any, whom we may inform about your general medical condition, diagnosis, appointments, test results, or other health care information (including treatment, payment and healthcare operations). You are not required to list anyone, but if you do you are authorizing that person to have complete access to your medical and/or payment information.

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Our office staff will NOT leave any confidential health information on voicemail. We will only leave a call back number for your prompt attention to reach us during business hours. If you have any special requests, please inform our receptionist or our Health Care staff.

Name of Patient (Please Print)**:**_____ **DOB:** _____

Patient Signature:_____ **Date:** _____

Name of Parent/Legal Guardian (if applicable, Please Print)**:**

_____

Relationship of Parent/Legal Guardian to Patient (if applicable)**:**

_____

Parent/Legal Guardian Signature: **Date:**_____

_____

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For internal use only:

Written Acknowledgement was Not Obtained:

□ Patient Refused to sign
□ Emergency Situation
□ Unable to communicate with patient
□ Other_____