

Orinda Chiropractic Center Policies and Procedures

Acknowledgement of Receipt of Orinda Chiropractic Center Notice of Privacy Practices

Practice
Dr. Kevin Wong, Orinda Chiropractic Center, PC
89 Moraga Way, Suite A
Orinda, CA 94563

Privacy Officer
Kevin M Wong, D.C.
925-254-4040

It is Orinda Chiropractic Center's policy that treatment NEVER be conditioned on the signing of this acknowledgement of receipt of Notice of Privacy Practices. In addition, no retaliatory action will be tolerated from staff in response to a patient's decision not to sign this acknowledgement.

By signing this document, I acknowledge that I have received a copy of Orinda Chiropractic Center's Notice or Privacy Practices.

Signature: _____ Date: _____

Print Name: _____

If not signed by patient, please indicate:

- ____ Parent or guardian of minor patient
____ Personal representative of an incompetent patient

Patient Record of Disclosures

I wish to be contacted in the following manner (check all that apply):

- ☐ Telephone: _____ ☐ Ok to leave message with detailed information
☐ _____ ☐ Leave message with callback number only
☐ Other: _____

Additional Front Office Policies

Please note there is a \$30 fee for bounced checks.

Our office requires 24 hours notice for cancellation of appointments. If 24 hours notice is not received, a \$40 fee will be charged to your account.

Patient Signature

Date