

Shenandoah Valley Chiropractic, PLC
Confidentiality Status

Patient Name _____
Birth Date _____ Age _____

We routinely call patients or send letters to inform them of account balances, insurance related information, remind them of appointments, exams, and routine paperwork, I.e. birthday greetings, welcome letters, appointment reminders, etc. We do not tell other people the reason that the patient is seeing us or tell them anything about test results.

Sometimes parents, spouses, other relatives or friends answer the phone or see mail. We need to know if we have permission to call and send you letters.

If you do not want anyone else to know that you are coming here, our routine letters and phone calls could cause problems for you.

Please indicate by writing your initials in the space below and signing the form.

_____ My spouse, Mother, Father, both (partner, friend, guardian, and _____) Aware that I come to Shenandoah Valley Chiropractic. SVC may call my home.

_____ My parents, spouse does NOT know that I come to Shenandoah Valley Chiropractic, but SVC MAY call my home and send letters to my home.

_____ The provider of Shenandoah Valley Chiropractic may talk with my spouse, parents, (or other person) _____ about my care including exams, history condition, balance due, etc.

_____ DO NOT TRY TO CALL ME or send letters or cards to me.

_____ DO NOT talk to my family or friends about my care or condition.

Alternate contact person and phone number _____

Signature _____ Date _____

Reviewed with patient _____ SVC _____ Date _____

Initialing here verifies that you received a copy of this statement _____