

**ELLEGE CHIROPRACTIC CLINIC**

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**Patient Notice**

Under the HIPPA Privacy rule, our office transmits certain information (including insurance claims) in electronic form, either directly or indirectly through a vendor or billing service. We must appropriately safeguard and disclose protected health information (PHI) in compliance with HIPPA's minimum federal requirements.

In good faith effort, we are asking our patients to sign a "Patient Consent Form". This will permit our office to use or disclose only as much information as needed to accomplish the intended purpose of your visit.

HIPPA is not new. The enabling legislation (Health Insurance Portability & Accountability Act) was passed in 1996. The law covers a wide range of issues, maintaining reasonable and appropriate, technical and physical safeguards to ensure the integrity and confidentiality of the PHI.

**Our office is making a good faith effort to comply with HIPPA guidelines. The signing of the Patient Consent Form helps to protect us legally and allows us to comply with the HIPPA rules.**

As always, if you have any questions please do not hesitate to ask.



Dr. Cody Elledge

*In accordance with the Privacy Rules of HIPPA and with my understanding of the Patient Notice that I have received and read, I am hereby giving my full consent to maintain my medical records, transmit, forward and/or release information about me, my health information and/or my PHI to any applicable person or agencies, provided it is in my best interest and/or for the advancement or continuance of any health care service which I am being treated for.*

*My signature acknowledges my understanding of the attached Patient Notice and/or its terms or conditions.*

**Patient Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_