

Conejo Valley Family Chiropractic  
Dr. Hans C. Delfo

HIPPA Statement

I, \_\_\_\_\_, acknowledge receipt of the Notice of Privacy Practices brochure issued by the Health Insurance Portability Act of 1996 (HIPPA). This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you DO NOT want our office to act according to our normal and usual practices, please notify us of your request in writing so that it may be reviewed. Our office will notify you whether or not this request has been accepted or denied.

Signature \_\_\_\_\_

Date \_\_\_\_\_