

Dr. Jan Kaplowitz
40 East Putnam Avenue
Cos Cob, Ct. 06870

Notice of Privacy Practices

This practice is committed to maintaining the privacy of its patients and their protected health information.

This office is required by law to abide by the terms of HIPPA and any applicable state laws governing the privacy of a patient and the practice of chiropractic.

At your discretion you may ask for a six-page copy of the entire Notice of Privacy Practices governing this office.

I have read the aforementioned and agree at this time not receive the entire document, but fully understand that one is available to me at my request.

Patient signature _____

Date _____