



# Ireland Chiropractic Clinic

Jessica S. Ireland, D.C.

## HIPPA Privacy Questionnaire

**Name:** \_\_\_\_\_.

Who may have access to your records?

1. \_\_\_\_\_.
2. \_\_\_\_\_.

What phone numbers would you like us to use to leave you a message?

1. \_\_\_\_\_.
2. \_\_\_\_\_.

What is your email address? (look for our newsletter)

\_\_\_\_\_.

Thank you for providing a process for us to stay within your HIPPA privacy rights.