

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

Name of Patient _____

I hereby acknowledge that I received a copy of this chiropractic office's Notice of Privacy Practices, I further acknowledge that a copy of the current notice is posted in the reception area, and that I may request a copy of any amended Notice of Privacy at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicated your relationship to the patient _____

For Office Use Only:

Signed form received by: _____

Acknowledgement refused:

Efforts to obtain:

Reasons for refusal:

