

Simi Chiropractic Health Center

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HIPAA Notice of Privacy Practices Acknowledgement of Receipt

I hereby acknowledge that I have read and received a copy of the attached medical practice's **HIPAA Notice of Privacy Practices of the Simi Chiropractic Health Center.**

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

-----Do not write below this line-----

For Office Use Only:

Signed form received by: _____