



### ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT CHIRO-HEALTH CHIROPRACTIC CARE CENTER HAS GIVEN YOU A COPY OF OUR PRIVACY NOTICE, WHICH EXPLAINS HOW YOUR HEALTH INFORMATION WILL BE HANDLED IN VARIOUS SITUATIONS.

CHECK ALL THAT ARE TRUE:

- I HAVE RECEIVED CHIRO-HEALTH CHIROPRACTIC CARE CENTER'S PRIVACY NOTICE
  
- CHIRO-HEALTH CHIROPRACTIC CARE CENTER HAS GIVEN ME THE CHANCE TO DISCUSS MY CONCERNS AND QUESTIONS ABOUT THE PRIVACY OF MY HEALTH INFORMATION.

PATIENT NAME: \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_