Waccamaw
Chiropractic & Wellness Center

Acknowledgement of Receipt of Notice of Privacy Practices

I understand and have been provided with a Notice of Privacy Practices which provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

1. The right to review the notice prior to signing this consent
2. The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations
3. The right to refuse to sign this acknowledgement

_____ _____

Printed Name **Date**

_____

Signature (patient or authorized guardian)

For office use only:

I attempted to obtain signed acknowledgement of Notice of Privacy Practices but was unable to do so as documented below:

Date: _____ Staff Initials: _____ Reason: _____

_____

658 Wachesaw Rd., Murrells Inlet, SC 29576
Phone (843) 357-9617 ● Fax (843) 357-9639
WaccamawChiropractic.com