

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

I, \_\_\_\_\_, [patient's name] acknowledge that I have received, reviewed, understand and agree to the the Notice of Privacy Practices of Completely Natural Chiropractic, PC, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT**

The Practice has made a good-faith effort to obtain an acknowledgement of \_\_\_\_\_ [patient's name]'s receipt of our Notice of Privacy Practices. In spite of these efforts, the Practice has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

- Patient Unavailable
- Patient Physically Unable
- Patient Unwilling

In an effort to obtain the patients acknowledgement, the Practice has attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply) :

- Personally       Mail       Phone Follow Up
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Physician

Completely Natural Chiropractic, PC  
Name of Practice