



Crafted Care Chiropractic

A walk-in practice that is here for you!

Acknowledgment of Receipt of Notice of Privacy Policy

I acknowledge that Crafted Care Chiropractic has provided me with a Notice of Privacy Practices.

I understand I have a right to review Crafted Care Chiropractic's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of health care operations of Chiropractic Centers.

The Notice of Privacy Practices for Crafted Care Chiropractic is also provided on request in the office lobby of this practice. This Notice of Privacy Practices also describes my rights and Crafted Care Chiropractic's duties concerning my protected health information.

Crafted Care Chiropractic reserves the right to change the privacy practices described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by requesting a new physical copy from the office.

Patient's Signature: _____ **Date:** _____

To be completed by the patient's representative, if necessary. E.g. If the patient is a minor or is physically or otherwise legally incapacitated:

Signature of Patient's Representative: _____ **Date:** _____

Representative's Printed Name: _____

Relationship to Patient: _____