

Erickson Clinic of Chiropractic

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We have always had a great respect for our patient's right to privacy, that's why we want you to understand how we protect the personal information you share with us. Federal law (HIPAA - Health Insurance Portability and Accountability Act) now requires us to provide you with detailed information about our privacy practices, and that we obtain an acknowledgement of your receipt of our privacy policy.

We will assume that telephone messages regarding appointment reminders may be left:

- at the numbers you have already provided or designated and,
- with anyone who answers the phone at those numbers,
- unless noted otherwise below.

I acknowledge and agree that I have been offered/received a copy of the Erickson Clinic of Chiropractic's Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative)

Relationship to patient

Telephone Messages

- The phone number(s) I consider to be secure and at which I wish to be contacted regarding appointments, etc. are: _____

Designated Representative

- The person(s) I wish to assign as my designated representative(s) for notification regarding appointment reminders, or other messages relating to my health care is/are: _____

FOR CLINIC USE ONLY:

The Erickson Clinic of Chiropractic made the following good faith efforts to obtain the above referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

(Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.)