

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

I, _____, [patient's name] acknowledge that I have received, reviewed, and understand and agree to the Notice of Privacy Practices of Scharenberg Chiropractic, 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 our 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 the 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

__ScharenbergChiropractic_____
Name of Practice