Baker Chiropractic and Acupuncture

Acknowledgement of Receipt of Notice of Privacy Practices

We are required by law to provide you with a copy of our Notice of Privacy Practices, which explains how we may use and disclose your health information and your rights and our legal obligations with respect to your health information.

By signing this form you acknowledge you have received our Notice of Privacy Practices.

| Today's Date: |
|--|
| You may refuse to sign this Acknowledgement, if you wish. |
| Acknowledgement of Receipt of Notice of Privacy Practices by Individual |
| My Name: |
| Birth Date:/ Last 4 digits of my Social Security # |
| My Signature |
| Acknowledgement of Receipt of Notice of Privacy Practices by Personal Representative for Individual Name of Individual: |
| Name of Personal Representative: |
| Relationship of Personal Representative to Individual and Authority to Act for Individual: |
| Please sign on the line below to confirm that today we provided you with our Notice of Privacy Practices for the Individual named above and acknowledge its receipt for the Individual |
| Signature of Personal Representative |
| For Office Use Only If Acknowledgement of Receipt of Notice of Privacy Practices is signed Check 1 or 2 |
| 1 Identity of the Individual verified. |
| 2 If Personal Representative signed on behalf of the Individual Identity of Personal Representative and Authority to Act for Individual verified. |
| If Acknowledgement of Receipt of Notice of Privacy Practices is not signed, Check 3 and explain briefly below: |
| 3 We made a good faith effort to obtain a written acknowledgment of receipt of our Notice of Privacy Practices but could not because: |
| |
| Confirmed for Baker Chiropractic and Acupuncture |
| by: |
| Signature Printed Name and Title |