

Baker Chiropractic and Acupuncture

Acknowledgement – 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 your rights and our legal duties concerning your protected health information and how we may use and disclose your protected health information.

1. Please sign this form to confirm you have received our Notice of Privacy Practices.
2. You do not have to sign this form if you do not want to. Our staff will sign it to confirm we provided, or made a good faith effort to provide, you with our Notice of Privacy Practices.

Date: _____

Name of Person: _____

Birth Date: _____

Last 4 Numbers
Social Security #

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Address: _____

Street Address

Apt #

City

State

Zip

I received the Notice of Privacy Practices of Baker Chiropractic and Acupuncture

Signature

Printed Name

Acknowledgement by Personal Representative

If you are a Personal Representative acting for the person named above please place your name, relationship and authority to act as Personal Representative for the person below and sign on the line provided to acknowledge receipt of our Notice of Privacy Practices by the person or by you on the person's behalf. Proof of your authority to act may be requested.

Signature, Individual/ Personal Representative

Name, Personal Representative (if any)

Personal Representative's Authority to Act

Baker Chiropractic and Acupuncture
Received and witnessed by:

Signature

Printed Name and Title