

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE: Klein Chiropractic Clinic, P.C.

As required by the Privacy Regulations, I hereby acknowledge that I received a current copy of Klein Chiropractic Clinic "NOTICE OF PRIVACY PRACTICES" revision date December 2, 2014.

As required by the Privacy Regulations _____ from Klein Chiropractic Clinic has
(Staff Member Name)

explained the "NOTICE OF PRIVACY PRACTICES" to my approval.

As required by the Privacy Regulations, I am aware that Klein Chiropractic Clinic has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

- I wish to file a "Request for Restriction" of my Protected Health Information
- I wish to file a "Request for Alternative Communications" of my Protected Health Information
- I wish to object to the following in the "Notice of Privacy Practices"

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Print Name _____

Signature _____ Date _____

(OFFICE USE ONLY)

Signed from, received by _____ Date _____

Effort in Good Faith to obtain receipt (Describe Effort)
