



**Acknowledgement of Receipt
Of Notice of Privacy Policy**

I acknowledge that Craft Chiropractic Centers has provided to me a Notice of Privacy Practices.

I understand I have a right to review Craft Chiropractic Centers Notice of Privacy practices prior to signing this document. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Chiropractic Centers.

The Notice of Privacy Practices for Craft Chiropractic Centers is also provided on request in the office lobby of this practice and on Craft Chiropractic Center's website at www.craftchiro.com. This Notice of Privacy Practices also describes my rights and Craft Chiropractic Centers PC duties with respect to my protected health information.

Craft Chiropractic Centers PC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing Craft Chiropractic Center's website or by requesting a new copy from the office.

Patient Signature _____ Date _____

Or Guardian _____ Date _____

Guardian's printed name _____

Relationship to patient _____