

Northwoods Family Chiropractic

202 W. Adams Street
Iron River, MI 49935
906-265-9000

337 Superior Avenue
Crystal Falls, MI 49920
906-874-0111

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have reviewed the Notice of Privacy Practices of Northwoods Family Chiropractic (Please initial one of the following options and sign below.)

I acknowledge that I have read the Notice of Privacy Practices from Northwoods Family Chiropractic prior to signing this document. Northwoods Family Chiropractic Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types 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 Northwoods Family Chiropractic. The Notice of Privacy Practices for Northwoods Family Chiropractic is also provided on request at the main administration desk of the practice. This Notice also describes my rights and Northwoods Family Chiropractic’s duties with respect to my health information.

Northwoods Family Chiropractic 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 calling the clinic and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

_____ I wish to receive a paper copy of Privacy Notice.

_____ I do not request a copy of the Privacy Notice at this time. I acknowledge that I can request a copy at any time and the Privacy Notice is posted in the office. If I should have a problem or question in regard to my rights, I may speak with the Privacy Officer about my concerns.

X _____
Signature of Patient/Guardian

Date

X _____
Witness (Office Staff)

Date