



# Spring Lake Chiropractic

HIPAA PRIVACY NOTICE

1171 N. Bragg Blvd. Spring Lake, NC  
910-436-5000

## ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among health care providers who may be directly and indirectly involved in providing my treatment.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and accreditation.

PATIENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the Acknowledgment
- An emergency situation prevented us from obtaining Acknowledgment
- Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Today's Date \_\_\_\_\_