

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

## BOSHOFF CHIROPRACTIC CENTER

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **Boshoff Chiropractic Center's** "NOTICE OF PRIVACY PRACTICES," revision date June 1,2003

As required by the Privacy Regulations, \_\_\_\_\_ from  
*Name of Staff Member*

**Boshoff Chiropractic Center** has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that **Boshoff Chiropractic Center** 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."**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

### (OFFICE USE ONLY)

Signed form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Good faith effort to obtain receipt: (Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_