

Gala Davis Family Chiropractic Center

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, acknowledge that I have received a copy of Gala Davis Family Chiropractic Center’s Notice of Privacy Practices. This Notice describes how Gala Davis Family Chiropractic Center may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and the rights I may have regarding my protected health information.

Signature of Patient or Personal Representative

Date

Relationship to Patient