

Please read the NOTICE OF PRIVACY PRACTICES available on our web site, and sign the acknowledgment sheet. This form is for new federal privacy regulations and we are required to have you sign the top half of this form. Thank you, Brook West Chiropractic Clinic.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____, [patient's name] acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of Brook West Chiropractic Clinic, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practice.

_____ Sign Here-> _____
Date Signature

_____ Print Here-> _____
Print Name

FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT

The Practice has made a good-faith effort to obtain an acknowledgement of _____ [patient's name]'s receipt of our Notice of Privacy Practices. In spite of these efforts, the Practice has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

- Patient Unavailable
- Patient Physically Unable
- Patient Unwilling

In an effort to obtain the patients acknowledgement, the Practice has attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply):

- Personally Mail Phone Follow Up
- Other: _____

_____ Date _____ Signature

_____ Print Name of Physician

Brook West Chiropractic Clinic
Name of Practice