



PRIVACY NOTICE WRITTEN ACKNOWLEDGEMENT

Patient Name: _____
(Last) (First) (Middle)

_____ I have received the Freeman Chiropractic Clinic Notice of Privacy Practices.

Signature of Patient/Parent/Legal Guardian

Date

Relationship to Patient

Privacy Notice Version #

Witness

Location Privacy Notice Written
Acknowledgement was obtained
(if more than one clinic location)

DOCUMENTATION OF GOOD FAITH EFFORT

- Attempted to distribute the Notice of Privacy Practice to the patient/parent/legal guardian, but the patient, parent, legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.
- Patient/Parent/Legal Guardian stated they had already received the Privacy Notice.
- Patient/Parent/Legal Guardian directed our clinic's website to view the Notice of Privacy Practices.
- The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.
- Other _____

Witness

Date