

NELSON CHIROPRACTIC

1930 North Ave., Ste 1, Spearfish, SD 57783 ® 605-642-5196

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You May Refuse to Sign this Acknowledgement

I, _____, have received/read a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could be obtained because:

**Individual refused to sign*

**Communication barriers prohibited us from obtaining the acknowledgment*

**An emergency situation prevented us from obtaining acknowledgment*

**Other (Please Specify)*

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