

Gerrish Chiropractic Center

276 State Highway 3, Bar Harbor, ME 04609

phone: 207-288-3980 fax: 207-288-8030

www.gerrishchiro.com

Acknowledgement of Receipt of Notice of Privacy Practices

This form will be retained in your medical record.

NOTICE TO PATIENT

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. This Notice will be available to you in the future at your request. We reserve the right to change our privacy practices that are described in this Privacy Notice, in accordance with applicable law. Please sign this form to acknowledge receipt of the Notice.

Patient Name: _____

Date of Birth: _____

I acknowledge that I have **received and had the opportunity to review** the Notice of Privacy Practices on the date below on behalf of **Gerrish Chiropractic Center** .

I understand that the Notice describes the uses and disclosures of my protected health information by **Gerrish Chiropractic Center** and informs me of my rights with respect to my protected health information.

Patient's Signature or that of Legal Representative

Printed Name of Patient or that of Legal Representative

Today's Date

If Legal Representative, Indicate Relationship