

HEALING RIVER CHIROPRACTIC
1903 Greeley St S, Suite 100, Stillwater, MN 55082
651-439-3737

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan, and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.

Obtain payment from third-party payers.

Conduct normal health care operations such as quality assessments and accreditation.

Patient Name / Patient's Responsible Party (Printed)

Signature

Date

For Office Use Only

We attempted to obtain written Acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the Acknowledgement
- ☐ An emergency situation prevented us from obtaining Acknowledgement
- ☐ Other (Please Specify): _____

Staff Signature

Date