
**AYRES CHIROPRACTIC
& SPORTS INJURY CENTER**

6837 Falls of Neuse, Suite 106
Raleigh, North Carolina 27615

Telephone: (919) 846-0100
Fax: (919) 846-3695

Privacy Practices – Patient Reception Form

I have received or reviewed the privacy practice notice (4 pages) for Ayres Chiropractic & Sports Injury Center and understand the situations in which this practice may need to utilize or release my medical records.

I understand that this office will properly maintain my records, and will use all due means to protect my privacy as outline in this privacy practices statement.

Please select a security question below and provide an answer to that question. This will give you access to your records via a health vault.

(Select one)

My mother's maiden name: _____

My pet's name: _____

My birth city: _____

Patient Signature

Date

Print Patient Name