

Acknowledgement of Receipt of Notice of Privacy Policy

I acknowledge that Back on Track Chiropractic's "Notice of Privacy Practices" has been provided to me. I understand that I have a right to review Back on Track Chiropractic's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Back on Track Chiropractic. It describes my rights as they concern the limited use of health information, including my demographic information, collected from me and created or received by my physician. The Notice of Privacy Practices for Back on Track Chiropractic is also provided on request at the main administration desk of this practice and on Back on Track Chiropractic's website at www.backontrackmi.com.

Back on Track Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing Back on Track Chiropractic's website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority