



Dr. James Grilliot
Chiropractic Physician

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that the Natural Wellness Centre’s “**Notice of Privacy Practices**” has been provided to me. I understand that I have a right to review the Natural Wellness Centre’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 the Natural Wellness Centre including my demographics information, collected from me and created or received by my physician. The “**Notice of Privacy Practices**” for the Natural Wellness Centre is also provided on request at the main administration desk of this practice.

Natural Wellness Centre reserves the right to change the privacy policies that are described in the “**Notice of Privacy Practices.**” I may obtain a revised “**Notice of Privacy Practices**” by 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

Print Name of Patient or Personal Representative

Description of Personal Representative’s Authority

Patient’s Account Number: _____