Millcreek Chiropractic 5526 So Van Winkle Expressway Salt Lake City, Utah 84117 (801) 747-2447 (p)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of Millcreek Chiropractic, LLC, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by this clinic.

____
Print Name

_______________________________________ Date: _________________
Signature

FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT

The Practice has made a good-faith effort to obtain an acknowledgement of receipt of our Notice of Privacy Practices. In spite of these efforts, the Practice has been unable to obtain a acknowledgement of receipt for the following reasons (check all that apply):

- Patient Unavailable due to: ____
- Patient Physically Unable
- Patient Unwilling

In an effort to obtain the patients acknowledgement, the Practice has attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply):

☐ Personally ☐ Mail ☐ Phone Follow up ☐ Email ☐ Fax

☐ Other ____

____
Clinic Representative

__________________________________ Date: _________________
Signature