**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

**CENCI CHIROPRACTIC, P.C.**

As required by the Privacy Regulations, I hereby acknowledge that I have received a

current copy of Cenci Chiropractic, P.C.’s “NOTICE OF PRIVACY PRACTICES,”

revision date .

As required by the Privacy Regulations, from

 Name of Staff Member

Cenci Chiropractic, P.C. has explained the “NOTICE OF PRIVACY PRACTICES” to my

satisfaction.

As required by the Privacy Regulations, I am aware that Cenci Chiropractic, P.C. has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintain.

Requests:

* I wish to file a “Request for Restriction” of my Protected Health Information.
* I wish to file a “Request for Alternative Communications” of my Protected Health Information.
* I wish to object to the following in the “Notices of Privacy Practices.”

I understand that this office is not required to honor any changes to the ‘Notice of Privacy Practices.”

 Signature Date

 Print Name

**(OFFICE USE ONLY)**

Signed form received by: Date:

Good faith effort to obtain receipt: (Describe)