



# Chiropractic Village

## Acknowledgement of Receipt of Notice of Privacy Practices

I \_\_\_\_\_, acknowledge that I have received a copy of Chiropractic Village 'Notice of Privacy Practices'.

This notice describes how Chiropractic Village may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and the rights I may have regarding my protected health information.

\_\_\_\_\_  
Signature of Patient, or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient