

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that *Bakke Chiropractic Clinic* has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received *Bakke Chiropractic Clinic's* Privacy Notice.

Print Name

Unique Identifier

Patient's Signature

Date

For office use only:

Patient Name: _____

Medical Record #: _____

Date of Admission: _____

Filed electronically: ___ Yes ___ No

Forward completed form to HIS to file in patient's chart: ___ Yes ___ No

Bakke Chiropractic Clinic staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice? Yes No

2. If you answered "No" above, please explain why the patient did not sign an acknowledgement form and *Bakke Chiropractic Clinic* efforts in trying to obtain the patient's signature (check all that apply):

Patient Unable to Comprehend Patient/Legal Representative Left before Signature Obtained

Patient Communication Barrier Emergency Admission/Patient Not Present for Registration

Legal Representative not Available Patient bypassed Registration – Not Available

Other: _____

3. Completed by:

Workforce Member Signature

Title

Date