

ACKNOWLEDGEMENT OF RECEIPT OF OFFICE PRIVACY POLICY

I ACKNOWLEDGE THAT McCartney Family Chiropractic and Wellness, P.C.'s "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review McCartney Family Chiropractic and Wellness, P.C. 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 McCartney Family Chiropractic and Wellness, P.C. The Notice of Privacy Practices for McCartney Family Chiropractic and Wellness, P.C. is also provided on request at the main administration desk of this practice and on McCartney Family Chiropractic and Wellness, P.C.'s website at www.mccartneyfamilychiropractic.com. This Notice of Privacy Practices also describes my rights and McCartney Family Chiropractic and Wellness, P.C.'s duties with respect to my protected health information.

McCartney Family Chiropractic and Wellness, P.C. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing McCartney Family Chiropractic and Wellness, P.C.'s website, 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