

Highland Park Chiropractic Center

480 Elm Place

Highland Park, IL 60035

(847)266-7246

Notice of Privacy Practices Patient Acknowledgment

Patient Name: _____

DOB: ___/___/_____

I have been given this practice's Notice of Privacy Practices written in plain language. The notice provides, in detail, the uses and disclosures of my protected health information that made be made by this practice, my individual rights, how I may exercise these rights and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand that I can obtain this practice's Notice of Privacy Practices on request.

Signature: _____

Date: ___/___/_____

Patient Relationship(legal guardian) _____