

LINZMEIER CHIROPRACTIC, SC
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that Linzmeier Chiropractic, SC 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 Linzmeier Chiropractic, SC'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

Linzmeier Chiropractic, SC staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice? ☐ Yes ☐ No
2. Did patient sign the Privacy Notice? ☐ Yes ☐ No
3. If you answered "No" above, please explain why the patient did not sign an acknowledgement form and Linzmeier Chiropractic, SC efforts in trying to obtain the patient's signature (check all that apply):

☐ Patient Unable to Comprehend
obtained

☐ Patient/Legal Representative left before signature

☐ Patient Communication Barrier
registration

☐ Emergency admission/patient not present for

☐ Legal Representative not available

☐ Patient bypassed registration- not available

☐ Other: _____

4. Completed by: _____

Workforce Member
Signature

Title

Date