435.257.2131
435.257.2132fax

Rigby Chiropractic Inc
MICAH L. RIGBY, DC

25 North 570 East
Tremonton, Ut 84337

ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and accreditation.

_____ _____ _____

Print Name Sign Name Date

Below this line for office use only

We attempted to obtain written Acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because:

- *Individual refused to sign*
- *Communication barriers prohibited obtaining the Achnowledgment*
- *Other (please specify)* _____

_____ _____

Staff Signature *Date*