

CHIROPRACTIC LIFESTYLE FAMILY PRACTICE, P. C.
4796 Main Street
Snyder, NY 14226

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____ (patient), date of birth _____,
acknowledge and agree that I have received a copy of the Chiropractic Lifestyle Family Practice, P.C.
Notice of Privacy Practices.

Patient/Guardian Signature

Print Name of Guardian (if applicable)

Date

Relationship (if applicable)

If this acknowledgement is signed by someone who is not the patient listed at the top of this form,
provide a description of the signer's authority to act for the patient: _____



Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of
_____ grant permission for my child to receive Chiropractic care.

Signature _____ Date _____



FOR OFFICE USE ONLY:

Chiropractic Lifestyle made the following good faith efforts to obtain the above-referenced individual's
written acknowledgement of receipt of the Notice of Privacy Information Practices:

- ◇ Patient/Guardian was offered copy and individual refused to accept delivery
- ◇ Patient/Guardian accepted delivery of copy but refused to sign form to acknowledge receipt of notice.
- ◇ Other

Staff Member Signature

Date