Platte Valley Chiropractic
Functional Medicine & Acupuncture

Dr. Trenton L. Talbitzer, D.C., D.A.B.C.I
Board Certified Chiropractic Internist

3800 Avenue A
Kearney NE 68847

(308) 234-5978
kearneywellness.com

Acknowledgement of Receipt of Notice of Privacy Practices

This form will be retained in your medical record.

NOTICE TO PATIENT

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

Patient Name:_____ **Date of Birth:**_____

I acknowledge that I have **received and had the opportunity to review** the Notice of Privacy Practices on the date below on behalf of Platte Valley Chiropractic Acupuncture & Wellness Center.

I understand that the Notice describes the uses and disclosures of my protected health information by Platte Valley Chiropractic Acupuncture & Wellness Center and informs me of my rights with respect to my protected health information.

Patient's Signature or that of Legal Representative	*Printed Name of Patient or that of Legal Representative*
Today's Date	*If Legal Representative, Indicate Relationship*

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FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- ☐ The patient refused to sign.
- ☐ Due to an emergency situation it was not possible to obtain an acknowledgement
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ Other (please specify):_____

_____

_____ _____

Employee Name *Today's Date*