

Primghar Chiropractic Center
215 First Street NE PO Box. 178
Primghar, IA 51245

Notice of Privacy Practices - Acknowledgment

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Heather J. Einck DC, Privacy Officer.

Our notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how your can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Signature of patient or authorized representative

Date

Printed name if signed on behalf of patient. Etc. (notation, if any, by staff)

Relationship (parent, legal guardian, personal representative, etc)

This form will be retained in your health records