

Boen Chiropractic, L.L.C.
Christe M. Boen, D.C., C.C.S.P.
115 Clarkson Executive Park
Ellisville, MO 63011
636-386-5900

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement.

I, _____, have received, read, and understand the Notice of Privacy Practices containing a complete description of the uses and disclosures of my health information by Boen Chiropractic, L.L.C. I have been given the right to review said Notice of Privacy Practices prior to signing this consent. I understand that Boen Chiropractic, L.L.C., has the right to change the Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

Patient Name (please print)

Patient/Guardian Signature

Date

Relationship to Patient

I authorize Boen Chiropractic, L.L.C., to share my patient information with the following:

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but could not because:

- Individual refused to sign.
 - Communication barriers prohibited us from obtaining the acknowledgement.
 - An emergency situation prevented us from obtaining the acknowledgement.
 - Other (please specify): _____
- _____