

NOTICE OF PRIVACY PRACTICES

Acknowledgement of receipt

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Sanders Chiropractic. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice but contacting us at (904) 744-4100.

If you have any questions about our *Notice of Privacy Practices*, please contact:
Christy Lucas

I acknowledge receipt of the *Notice of Privacy Practices* of Sanders Chiropractic.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

Inability to obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reason why the individual's acknowledgment was not obtained.

Signature of provider representative: _____ Date: _____

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