

Red Rock Chiropractic Center, P.C.

Ryle J. Smith, D.C.

1400 Fifield Road

Pella, IA 50219

(641) 628-9991

Notice of Privacy Practices Patient Acknowledgement

Patient Name: _____

Date of Birth: _____

I have received this practice's Notice of Privacy Practices. The Notice provides me with the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my protected health information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I may obtain this practice's current Notice of Privacy upon written request.

Signature: _____

Date: _____

Relationship to patient (if signed by a personal representative of patient):
