



SCARBOROUGH  
FAMILY CHIROPRACTIC

**PRIVACY NOTICE ACKNOWLEDGEMENT**

We are concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the *Health Insurance Portability and Accountability Act* of 1996 (HIPAA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully, for it outlines the uses and limitation of the disclosure of your health information and your rights as a patient. If you ever have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

**I acknowledge that I have received a copy of Scarborough Family Chiropractic's Notice of Privacy Practices for Protected Health Information.**

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Authorized Provider Rep. (SFC CA)

\_\_\_\_\_  
Personal Representative Printed

\_\_\_\_\_  
Personal Rep. Signature

\_\_\_\_\_  
Description of personal representative's authority to act for the patient