



PATIENTS ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY RULES

I, _____, have received a copy of the Notice of Privacy Practices of the office of _____.

Opting Out:

_____ I do not want appointment reminder messages left on my home answering machine. I understand that the office may charge me should I fail to keep my appointment

_____ I want appointment reminder messages left on my home answering machine. I understand that the office may charge me should I fail to keep my appointment

_____ I do not want appointment reminder messages left on my office voice mail system. I understand that the office may charge me should I fail to keep my appointment

_____ I want appointment reminder messages left on my office voice mail. I understand that the office may charge me should I fail to keep my appointment

_____ I wish my protected health care information to be released to the following person(s)

_____ I do not wish my protected health care information to be released to the following person(s)

Name _____

Address _____

Please print your name _____

Please sign and date _____

_____ I decline to sign the Acknowledgement

Elgin Naprapathic Healthcare
and Pain Management Clinic

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181-000166 / 198-000267
36-3681298

Office Use:

The office was unable to obtain a signed Acknowledgement form from the above patient for the following reasons: