

# HIPAA Acknowledgement Sheet

## Acknowledgement of Receipt of notice of Privacy Practices for Protected Health Information

I acknowledge that I have received Choice Chiropractic's Notice of Privacy Practices for protected health information.

Date: \_\_\_\_\_ Name of Patient: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of patient/Personal Representative

## Patient Rights and Responsibilities

I acknowledge that I received Choice Chiropractic's Patient Rights and Responsibilities information.

Date: \_\_\_\_\_ Name of Patient: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of patient/Personal Representative

### **Do you know what an advance directive is?**

Advance directives are means for you to tell your health care givers about the care you wish to receive or not receive should you ever become unable to tell them of you wishes, There are two forms of advance directives, The first is a Living Will. The other is know as a "durable power of attorney for health decisions," or may also be called "durable appointment of a surrogate health care decision. "Please discuss you advance directive choices with you Primary Care Physician."

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_