

# **Acknowledgment Of Receipt**

## **Eagles Landing Wellness & Chiropractic Center, P.C.**

As required by the Privacy Regulation, I hereby acknowledge that I have received a current copy of the Notice of Privacy Practice of Eagles Landing Wellness & Chiropractic Center.

I am aware that Eagles Landing Wellness & Chiropractic Center has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information that it retains.

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(Print) Patient's Name

If Signed by representative of the patient:

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Representative's Name & Relationship to Patient

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Representatives Signature

### **Office Use only:**

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Authorized Facility Signature

Good Faith effort to obtain receipts (describe)

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