

Glesener Chiropractic Center, P.C.
1750 E. Main Street, Suite 60, St. Charles, IL 60174
630-377-8844

ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I have received a copy of this office's Notice of Privacy Practices.
I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:
Conduct, plan and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.
Obtain payment from third-party payers.
Conduct normal health care operations such as quality assessments and accreditation.

Patient

Signature

Date

