

# Northern Lights Chiropractic Privacy Acknowledgement Form

Government Regulations related to privacy in healthcare settings require you to be informed of the following:

Northern Lights Chiropractic will keep your medical records private, unless a signed medical records release form is received by another doctor's office, with your signature. More detailed information is available in the Notice of Privacy Policies provided to you.

*I have received and understood this practice's Notice of Privacy Policies written in plain language.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We enjoy placing a Practice Member Recognition Board in our office. On this board, we list the first name & last initial of practice members with birthdays that month, in recognition of miscellaneous accomplishments and thanking them for referrals. *We will only place your name upon the board if we have your signed permission below.*

- Yes, you may list my name on the Recognition Boards, when the occasion arises.
- No, please do not list my name due to privacy issues.

\_\_\_\_\_  
Signature

