

Wagner Chiropractic

Acknowledgement of Receipt of Notice of Privacy Practices

421 Cochran Road
Pittsburgh, Pennsylvania 15228
(412) 531-8701

I understand and have been provided with a *NOTICE OF INFORMATION PRACTICES* that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent.
- The right to object to the use of my health information for directory purposes.
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

Patient Signature

Date