



Dr. Jon Alan Smith

(256) 891-7040

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Privacy Notice Acknowledgement

I acknowledge that I have had an opportunity to review and/or receive a copy of the Privacy Policy and/or Privacy Procedures for the office of Dr. Alan Smith: Family Chiropractic, A Wellness Center

Date

Patient Signature

Printed Name

Patient Representative Signature

Office Representative

Documentation of other people to notify

Other Individuals who are approved to receive health information for the patient are listed below.

Name

Relationship

Name

Relationship

Patient Declined to sign privacy notice. ____

Patient was unable to sign. ____

Patient will sign later. ____