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ACKNOWLEDGMENT – RECEIPT OF NOTICE OF PATIENT PRIVACY POLICY

I, _____, have received a copy of this office's Notice of Patient Privacy Policy. 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 healthcare providers who may be directly and indirectly involved in providing my treatment
- Obtain payment from third-party payers
- Conduct normal healthcare operations, such as quality assessments and accreditation

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____

Staff Signature

Date