

Gutrich Chiropractic

Patient's Acknowledgement of Receipt of Notice of Privacy Rules

I, _____, have received a copy of the notice of Privacy Practices of the office of Dr. Janet Gutrich and Dr. Christopher Halliday.

I do not wish my protected health care information to be released to the following persons:

Please print name:

Please sign:

_____ **Date:** _____

I decline to sign the Acknowledgement because: _____
