

YEAGER CHIROPRACTIC AND WELLNESS CENTER

**SUMMARY NOTICE OF PRIVACY PRACTICES**  
**and**  
**WRITTEN ACKNOWLEDGEMENT OF RECEIPT**

You have the legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full before signing this consent form. Yeager Chiropractic and Wellness Center Notice of Privacy Practices is available to review at our front desk or on our web site ([www.yeagerchiropractic.com](http://www.yeagerchiropractic.com)). Under federal law, Yeager Chiropractic and Wellness Center, P.C. is required to protect the privacy of your protected health information (PHI) we hold in our files. The Notice of Privacy Practices explains our legal duties and privacy practices concerning the permitted uses and disclosures of your PHI and your rights regarding our use and disclosure of your PHI. Our Notice of Privacy Practices is subject to change. Changes are available to you at our front desk or website. You have a right to request us to restrict how we use and disclose your PHI for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement with you. You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your PHI on reliance of your consent. By signing this form, you are granting consent to Yeager Chiropractic and Wellness Center, P.C. to use and disclose your PHI for the purposes of treatment, payment and health care operations.

*If you have questions, you may contact our Privacy Officer at 100 N. Tryon Street, Suite 165 Charlotte, NC 28202 or by phone at 704-333-0550.*

***I hereby acknowledge that I have been provided this Summary Notice of Privacy Practices and understand that I may at any time request to receive the full Notice of Privacy Practices from Yeager Chiropractic and Wellness Center.***

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_