



Acknowledgement of Receipt and/or Option of Receipt of Notice of Privacy Practices

I acknowledge that I was provided with a copy of the Notice of Privacy Practices and further acknowledge that they are always available to all patients from the front desk.

Please check all that apply

I give Pape Chiropractic & Wellness Center, LLC permission to leave phone messages and/or emails regarding treatment sessions, imaging appointments, payment due.

I do not give give Pape Chiropractic & Wellness Center, LLC permission to leave phone messages and/or emails regarding treatment sessions, imaging appointments, payment due.

Print Patient Name

Date

Patient Signature