

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in St. Croix Spinal Care & Sports Rehab’s Notice of Privacy Practices. St. Croix Spinal Care & Sports Rehab is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

**By signing below, you are acknowledging that you have received a copy of St. Croix Spinal Care & Sports Rehab’s Notice of Privacy Practices.**

Patient name:

Patient Representative:

If signed by Patient Representative, state authority to act on behalf of patient:

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Signature: Date: , 20

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ENTITY USE ONLY

I, , attempted to obtain the patient’s acknowledgement of receipt of the

Notice of Privacy Practices, but was unable to do so.

Reason acknowledgement not obtained:

Signature: Date:

**2424 Monetary Blvd. Suite 105, Hudson WI 54016. Telephone (715) 386-4075. Fax (715) 386-4069**