

Cunningham Chiropractic PC
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ACKNOWLEDGEMENT OF RECEIPT
Notice of Privacy Practices

Your name and signature on this form indicates that you have received a copy of Cunningham Chiropractic's Notice of Privacy Practices on the date and time indicated below.

If you have any questions regarding the information contained in Cunningham Chiropractic's Notice of Privacy Practices, please contact Cunningham Chiropractic's Chief Compliance Officer at (315) 445-9941.

Printed Name: _____

Signature: _____

Relationship to Patient: _____

Date Received: _____

FOR FACILITY USE ONLY

We attempted to obtain written acknowledgement of patient's receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

Individual Refused to Sign

Emergency Situation Prevented Signature

Patient Requested Above Individual Sign on His / Her Behalf

Other (please specify) _____

Registration Representative Signature: _____

Date: _____