

# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Tirsch & Lowenberg Chiropractic  
6400 Canoga Avenue, Suite 333 Woodland Hills, CA 91367  
(818) 703-8480

**Privacy Officer: Dr. Tirsch**

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended notice of Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

☐ Parent or guardian of minor patient

☐ Guardian or conservator of an incompetent patient

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

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## TRACKING FORM

If the Patient Refuses to Sign the Acknowledgment of Receipt of Notice of Privacy Practices:

Efforts to obtain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for refusal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Acknow 06.07