

**Zimmermann Chiropractic & Wellness Center, LLC**  
700 Lake Ave, Manchester, NH 03103  
Ph. 603-668-7070 ~ Fax. 603-668-5755

**ACKNOWLEDGEMENT OF RECEIPT OF HIPPA PRIVACY NOTICE**

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and accreditation.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Signature of Patient/Guardian (if patient is under 18 years of age)

\_\_\_\_\_  
Dated

**Office Use Only**

We attempted to obtain written Acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the Acknowledgement
- An emergency situation prevented us from obtaining Acknowledgment
- Other (Please Specify)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Dated