

**Rivera Chiropractic and Wellness Center
Acknowledge of Notice**

Medical groups must provide patients with a notice describing how protected health information may be used and disclosed. This information includes the patient's rights and medical groups' duties.

The Notice of Privacy Practices for Rivera Chiropractic and Wellness Center is provided in the front entrance lobby at 2418 Marsh Lane, Suite 100, Carrollton, Texas, 75006.

_____ I acknowledge that I have been informed that I can request a copy
of Rivera Chiropractic and Wellness Center Notice of Privacy
Practices.
Patient's Initials

Patient's Signature

Patient's Printed Name

Date

Signature of Witness

Date