Kristin Rabai, DC

3537 Thaxton Ave SE
Albuquerque, NM 87106

Phone: 505-514-4150

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This document is to be signed by a person legally responsible for the patient's medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Kristin Rabai, DC has provided me with a copy of her Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

Kristin Rabai, DC
505-514-4150

I also understand that I am entitled to receive updates upon request if Kristin Rabai, DC amends or changes its Notice of Privacy Practices in a material way.

_____
Signature (and Relationship to Patient if signed by someone other than Patient)

_____
Date signed

THIS SECTION TO BE FILLED OUT BY KRISTIN RABAI, DC IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:
[ ] Patient declined to sign this Written Acknowledgment.
[ ] Other (specify):

_____
Name and Title

_____
Date Signed