

# **BACK ON TRACK CHIROPRACTIC LLC**

## Acknowledgment of Receipt of Notice of Privacy Practices

### **You may refuse to sign this Acknowledgment**

I \_\_\_\_\_, have received/reviewed a copy of  
this office's Notice.

\_\_\_\_\_  
(Please Print Name)

Dr. James L. Boas

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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### **For Office Use Only**

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

- Individual Refused to sign
- Communication barriers prohibited obtaining the  
ACKNOWLEDGMENT
- An emergency situation prevented us from obtaining  
ACKNOWLEDGEMNT
- Other (Please specify)

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