



# BARTLETT PAIN & WELLNESS CENTER

Cheryl Petschke, D.C.  
Chiropractic Physician

158 Bartlett Plaza  
Bartlett, IL 60103  
(P) 630-830-2121  
(F) 630-830-2195

## ACKNOWLEDEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, [Patient's Name] acknowledge that I have received, reviewed, understand, and agree to the Notice of Privacy Practices of St. Charles Pain and Wellness Center, LLC, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protective health Information created, received, or maintained by the Practice.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT

The Practice has made a good-faith effort to obtain an acknowledgement of \_\_\_\_\_ [Patient's Name]'s receipt of our Notice of Privacy Practices. In spite of these efforts, the Practice has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

- Patient Unavailable
- Patient Physically Unable
- Patient Unwilling

In an effort to obtain the patient's acknowledgement, the Practice has attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply):

- Personally
- Mail
- Phone Follow Up
- Other \_\_\_\_\_

\_\_\_\_\_  
Print Name of Physician

St. Charles Pain and Wellness Center, LLC  
\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date