

Practice: **Parkway East Chiropractic Associates**
Address: **9002 A Parkway East, Birmingham, AL 35206**
Privacy Official: **Khalil E. Awad, D.C.**
Telephone: **205-836-8312**

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____
Signature of Patient: _____
Date: _____
Patient's Date of Birth: _____
Patient's ID/Chart Number: _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____
Describe Personal Representative Relationship (parent, guardian, etc): _____
Signature of Personal Representative: _____
Date: _____

For Practice Use Only:

Signature of Practice Employee

Date