

Satori Network Wellness, LLC
1495 Garden of the Gods Road #110
Colorado Springs, CO 80907
Phone: 719. 785 1175

Acknowledge of the Receipt of Notice

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy “NOTICE OF PRIVACY PRACTICES” provided by Satori Network Wellness, LLC

As required by the Privacy Regulation, I am aware that Satori Network Wellness, LLC has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected information that it maintains.

In addition I have also received a current copy of “STATEMENT OF CLINICAL OBJECTIVE” provided by Satori Network Wellness, LLC. I have read this statement of purpose and understand its contents. I understand that the spinal adjustments (aka entrainments) offered in this office are not a replacement for any form of treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom other than vertebral subluxation. This office offers chiropractic as a form of health and wellness care to promote natural mechanisms for self healing and empowerment as compared with specific target treatments.

Signature: _____

Print Name: _____

(OFFICIAL USE ONLY)

Signed form received by: _____ Date: _____