



**PRIVACY PRACTICES ACKNOWLEDGEMENT**

**Russell Chiropractic**  
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**Acknowledgement Form**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Responsible Party Name (if patient is a minor) \_\_\_\_\_

Patient / Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_