



Privacy Practices Acknowledgement Form

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it. (If you wish to obtain a copy of the Privacy Practices Form for your personal records, please ask someone at the front desk for a copy or you may go to our website at www.AdamsClinicChiropractic.com and print a copy.)

Name (print) _____

Birthdate _____

Signature _____

Date _____