Acknowledgement of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for the office of Bull Family Chiropractic, LLC, detailing how my information may be used and disclosed as permitted under federal and state law.

Signed: _____ **Date:** _____

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

Patient:_____

Relationship:_____

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