

RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM

SAVEDOFF FAMILY CHIROPRACTIC CENTER

I, \_\_\_\_\_ ("Patient") have read a copy of Savedoff Family  
Chiropractic Center's

Notice of Patient Privacy Practices.

\_\_\_\_\_  
Signature of Patient or  
Parent or legal Guardian

\_\_\_\_\_  
Date