

**PRIVACY PRACTICE ACKNOWLEDGEMENT**

I have received a copy of the Notice Privacy Practice.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact for Information, Questions, or Concerns**

If you have questions or concerns about your privacy rights, these privacy-related policies or the information in this notice, please contact the doctor or the office manager where you are receiving care.

This notice is effective on or after April 14, 2003, unless and until it is revised by Traub Chiropractic Care Center.