

Alluvium Chiropractic Center  
RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have reviewed/received a copy of  
ALLUVIUM CHIROPRACTIC CENTER's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

Date:	Initials:	Reason:
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