

**Receipt of Privacy Notice**

Momentum Chiropractic  
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Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_

Patient number \_\_\_\_\_

Telephone \_\_\_\_\_

My signature, below, certifies I have received a copy of NOTICE OF PRIVACY PRACTICES.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

Comments, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Practitioner

Date: \_\_\_\_\_