

# **Privacy Practices Acknowledgment**

## **Hulse Family Chiropractic**

Dr. Russell Hulse & Dr. Erik Hulse

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### **Acknowledgment Form**

I have been offered a HIPPA Notice of Privacy Practices and have been given an opportunity to review it.

Full Name (printed) \_\_\_\_\_

Full Name (signature) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Witness: \_\_\_\_\_