

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

**HULSE FAMILY CHIROPRACTIC  
DR. RUSSELL HULSE  
901 HWY. 31 S.  
HARTSELLE, AL 35640**

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_