

**Receipt of Notice of Privacy Practices  
Written Acknowledgement Form**

**Back In Line Chiropractic Center Inc.**

I, \_\_\_\_\_ have received a copy of Back In Line Chiropractic  
Patient Name  
Center's Notice of Patient Privacy Practices.

\_\_\_\_\_  
Patient Signature

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

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**Sharing Privileged Health Care Information**

I hereby give the doctor and staff permission to speak to my doctor, physical trainer, physical therapist or other health care professional in regards to my treatment and care.

**Signature**

**Date**

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